Maricopa Association of Governments

Regional Action Plan
on Aging & Mobility

MARICOPA ASSOCIATION of GOVERNMENTS

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March 1, 2002

The Honorable Skip Rimsza
Chairman, MAG Regional Council
Mayor of Phoenix
200 W. Washington
Phoenix, Arizona 85003

Dear Mayor Rimsza:

The Maricopa Association of Governments Elderly Mobility Working Group is pleased to submit the Regional Action Plan on Aging and Mobility that was approved by the Regional Council on October 3, 2001. The Plan provides a comprehensive overview of senior mobility issues. There are 25 recommendations that will provide the framework for communities and agencies to make substantive changes to address the transportation needs of seniors in the future.

By creating the Elderly Mobility Working Group and supporting its efforts, the Regional Council has acknowledged the significance of the transportation needs of the ever-expanding aging population. More than 75 stakeholders participated from cities, state government, transit agencies, senior agencies, health care providers, retirement communities, faith-based groups and educational institutions.

Each work group studied the issues and listened to national and local experts on model programs and policies, as well as obtaining input from seniors about their transportation problems and ideas for solutions. This information was used to make recommendations in four key areas:

- Infrastructure and Land Use
- Alternative Transportation Modes
- Older Driver Competency
- Education and Training

The Elderly Mobility Stakeholders Group are dedicated to helping local jurisdictions and other community-based institutions implement these recommendations. We have developed a good plan—a good start. The next critical step is to work collaboratively with all members of the community to successfully implement these best practice solutions across the region.

Sincerely,

Claudia Walters, Chair
Elderly Mobility Stakeholders Group
City of Mesa, Councilmember

MAG ELDERLY MOBILITY WORKING GROUP

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CONTENTS

LIST OF FIGURES

LIST OF TABLES

LIST OF MAPS

Executive Summary

The number of elderly people has increased dramatically throughout the nation in recent years, and is expected to increase at a record pace. This phenomenon is due, in part, to the fact that people are living longer as a result of various medical breakthroughs and healthier lifestyles. The tremendous age wave will continue to occur over the next 30 years as people born during the country's baby boom (1946-1964) reach retirement.

Arizona and the Maricopa region will experience the same effects of the age wave as the rest of the country. Such rapid increases in the elderly population will have significant impacts on transportation, as well as the economy, social services, housing, health services, and long-term care. As the percentage of elderly residents in our country and region increases, local governments, transit service operators, and social service providers will be faced with the challenge of providing services to an aging population. With so many challenges ahead, a proactive approach is needed.

The Maricopa Association of Governments (MAG) Regional Action Plan on Aging & Mobility focuses on the impacts of aging on mobility, and provides proactive strategies that will enhance the safety and mobility options available for current and future senior residents. This report also reviews the location and scope of the region's current elderly population, discusses the changing needs of the elderly and considers the implications of aging on mobility. For the purposes of this report a "senior" or "elderly" person is defined as anyone over the age of 60.

Chapter 1 presents a profile of the nation's elderly. Chapter 2 addresses the demographics and needs of seniors in Arizona. Chapter 3 discusses the implications of aging on personal mobility, overall quality of life and general travel characteristics.

Chapter 4 details the MAG Elderly Mobility planning and public input process, and identifies the 25 recommendations for creating safe and enhanced mobility options for our region's senior population. The 25 strategies are organized in four key areas:

> Infrastructure and Land Use
> Alternative Transportation Modes
> Older Driver Competency
> Education and Training

Dealing with the impacts of aging on mobility will take a comprehensive and interdisciplinary approach. No one agency or program will solve all of the transportation needs of the elderly. There is no silver bullet, as there is no one type of older person. What is called for in this plan is a coordinated community response that is multi-faceted and multi-disciplinary, requiring many different organizations to participate in the solution. Municipalities, transit agencies, social service providers, and health care organizations will need to work together to ensure that senior residents remain active and valuable members of our community. The 25 recommendations in the MAG Regional Action Plan on Aging & Mobility are the first steps in this process.

Key Concepts

Over 75 community stakeholders helped develop the plan with input from seniors and boomers who participated in the public input process. The following are some of the key concepts and underlying themes of the 25 recommendations:

➢ *The transportation needs of the region's elderly vary greatly, given their diversity in characteristics such as location, income and physical health. Therefore, there is no one single solution; strategies will need to be as diverse as the population and offer as much flexibility as possible to meet the demands of the baby boomer generation.*

➢ *Tomorrow's senior citizens will be accustomed to an even higher level of mobility than today's elderly, with most having been car owners much of their lives. Therefore, most older adults will continue to rely heavily on their private automobiles for mobility as they age. Many, however, will eventually be unable to drive themselves, and will need to find an alternative mode of travel. Faced with limitations on mobility, the ability of the region's elderly to access necessary services and facilities may be compromised.*

➢ *As older drivers lose their ability to drive, the need and demand for elderly transportation services will increase exponentially. Although local jurisdictions, the area agencies on aging, and other service providers have utilized available federal funding to provide transportation services to specific destinations, the ability of these agencies to meet the escalating needs of seniors in the future is uncertain. New, more flexible transportation choices will be needed.*

➢ *Given the multi-faceted nature of the problem, the solutions will need to be multi-dimensional and focus on:*

  • *Making streets and highways safer.*

  • *Changing development patterns to create communities where the need for driving is reduced and services are in closer proximity to where seniors live.*

  • *Creating more alternatives to driving.*

  • *Enhancing driver capabilities.*

  • *Providing education and training to increase the public's awareness of mobility alternatives.*

Next Step: Stakeholder Group to Focus on Implementation

To take this plan and move it into action, an Elderly Mobility Stakeholder Group will continue to convene on a quarterly basis. This group will oversee implementation of the strategies and act as a forum for discussion on aging and mobility issues among key community institutions in the region.

RECOMMENDATIONS AT A GLANCE

Infrastructure/land Use	
Streets & Highways	1. Review the MAG Uniform Standard Specification & Details for Public Works Construction and ADOT's Design Standards to: • Determine how and which guidelines from the FHWA Older Driver Highway Design Guidelines can be incorporated and; • Determine if certain traffic calming measures could be included as a new section in the MAG Uniform Standard Specification & Details for Public Works Construction. After the analysis, have the FHWA Design Guidelines incorporated into both MAG and ADOT Design Standards as appropriate.
FHWA Older Driver Guidelines	2. Require the consideration of the FHWA Older Driver Highway Design Guidelines in the ADOT/MAG application and review of federally funded projects.
Maintenance of Current Infrastructure	3. Encourage dedicated funding for the maintenance of current infrastructure and increase funding to expand programs like Adopt-A-Road. In addition, utilize trained volunteers, school districts, and neighborhood groups to report maintenance problems with the transportation system.
Airport Accessibility	4. Improve the accessibility of transportation facilities and intermodal connections. Start with an analysis of Sky Harbor Airport and then broaden the scope to include Park & Ride lots, major bus transfer points, pedestrian facilities, light rail stops, and possibly local airports. Actions at Sky Harbor Include: (1) Conduct an audit on accessibility and safety issues; (2) Determine specific strategies to minimize the walking demands on seniors; and (3) Ensure that a process exists for the consideration of seniors and other special needs populations in any new airport facilities designs.
Pedestrian Improvements	5. Review and update the MAG Pedestrian Area Policies and Design Guidelines to address and promote senior mobility. At a minimum, the review should include: • Elderly/pedestrian-friendly signage. • More open space pedestrian refuge areas in downtown and suburban settings. • Turn/Refuge Islands. • In-pavement lighting on crosswalks. • Audible signals at crosswalks. • Improved parking lot design. • Narrow street design. • Implementation strategies to encourage incorporation of the Guidelines into the planning and design of transportation infrastructure.
Land Use Improvements	6. Build upon the land use principles included in the MAG Pedestrian Area Policies and Design Guidelines and other adopted MAG plans and policies to develop land use guidelines (neighborhood and subdivision based) to meet the needs of an aging population. The guidelines must include the development of a regional strategy that consistently locates services (retail, medical, social service and recreation) in proximity to where seniors live. • Incorporate guidelines into the city-based Sub-Division Design Guidelines and subdivision design review process, and widely distribute these guidelines to developers, city planners, zoning commissions, and school districts to use during in their site plan reviews.

Education and Awareness	7. Educate city planners, developers, students, and community groups on how to prepare and manage senior mobility issues in their communities through the following methods: • Publish a Senior Mobility Guidebook. • Organize a series of elderly/pedestrian urban/suburban design forums targeting the real estate and land development industries, and city planners. • Develop a Senior Transportation/Land Use Design Awards Program for cities that implement senior mobility improvements.
Public Involvement	8. Develop and train city-based senior audit teams to go on-site to review the current infrastructure/ land use and take part in the transportation project review process. Partner with AARP to provide training to the team for what to look for in the audit, and assist city planning groups in the design of land use and transportation plans.
Intelligent Transportation Systems	9. Request that the MAG Intelligent Transportation Systems Committee consider the development and implementation of intelligent transit stop-type technologies.
Implementation	10. Dedicate MAG staff to the ongoing tracking and implementation of the Regional Action Plan recommendations. MAG staff should focus efforts in following areas: • Integrating the Aging & Mobility Recommendations into the work of the MAG Modal Committees. • Serving as a resource to community stakeholder groups who take the lead on some of the recommendations. • Convening a quarterly stakeholder meeting to assess the implementation process.
**Alternative Transportation Modes**
Coordination	11. Establish a Transportation Consortium to design and oversee a Transportation Coordinated System for older adults and other transportation limited-populations.
Data and Access to Information	12. Develop a Transportation Data System and promote one place or phone number for people to contact to receive assistance with transportation.
Expand Services	13. Build the Family of Transportation Services available to older adults and transportation-limited populations by expanding the following programs across the county: • Mileage Reimbursement (currently in Mesa and Scottsdale). • Taxi Voucher Program (Cab Connections in Scottsdale). • Peer/Group Travel Training (Community Forum and Valley Metro/Regional Public Transportation Authority). • Neighborhood Circulators/Community Buses (Tempe and Ahwatukee). • Flex Route Bus Routes (currently operating in Avondale, Tolleson, Litchfield Park, Goodyear, Phoenix and Fountain Hills).
New Options	14. Develop new transportation options: • Pilot an Independent Transportation Network (ITN) program in a community that is interested in being a demonstration site. Explore Sun City West as the initial pilot site, and after an evaluation possibly roll-out in other areas. • Pilot a senior van pool program.

Alternative Transportation Modes (cont.)

Private Sector Involvement	15. Promote private sector involvement in providing alternative transportation options to seniors and other special need populations.
Transit Amenities	16. Increase transit use through improved amenities at transportation facilities to include, but not limited to: • Shade. • Restrooms at transfer points. • Bike lockers/storage facilities. • Park & Rides. • Water fountains. • Benches. • Increased security. • Optimized stop locations.
Expand Peer Travel Training	17. Expand or replicate the Peer Travel Training Program utilizing volunteers from the religious community and civic groups, and providing community service incentives.
Funding	18. Encourage legislation which supports funding for transportation coordination efforts.

Older Driver Competency

Driver Screening & Retraining	19. Develop a Pilot Driver Screening Battery Study. Upon completion and evaluation of the pilot, develop and implement Cognitive/Physical Testing Centers across the Valley utilizing geriatric physicians and certified driving specialists.
Date Collection & Dessemination	20. Improve data collection, analysis and dissemination of aging driver information.

Education & Training

Driver Intervention & Education	21. Create a Comprehensive Driver Intervention Program (modeled off of "Getting in Gear" in Tampa, Florida) that is centrally located and also available in satellite branch offices in the East/West Valley cities. The program should have the following components: • Assessment • Education (Older Driver/AARP 55-Alive and general public education) • Retraining (Behind the Wheel, Useful Field of View) • Mobility Management • Linkage to other case management services if needed
Public Awareness	22. Develop a Regional Public Awareness/Education Campaign which adopts a fitness to drive or wellness approach and includes the following: • Transportation Web site • A "family of publications" for use by multiple groups and target groups, i.e., drivers, concerned family members, health care and law enforcement professionals

| Education & Training (cont.)	
	• "Red Flag" Assessment Cards for professionals • Speakers Bureau • Public Service Announcements • Print media feature articles • Ads at bus stops • Involves retirement communities and local businesses • Media involvement/ PR firm
Professional Training	23. Develop and implement Education/Sensitivity Training on senior mobility issues to the following professional communities in: • Health care • Insurance companies • City traffic engineers • Law enforcement • Court personnel • Transit drivers/personnel • Motor vehicle department personnel • Aging services personnel
Access to Transportation Information	24. Publicize and utilize the Senior Help Line as the resource for aging and mobility information covering: • Remediation training and educational opportunities for drivers. • Alternative transportation options available. • Linking transportation Web site with a MAP Blast feature to help the user get from point A to point B.
Advocacy	25. Advocate for a mandatory insurance discount for seniors who complete the AARP 55-Alive Course.

Chapter 1: The Aging of a Nation

Due to the aging of the baby boomer generation and increases in life expectancy, the United States along with all the other modernized countries of the world, will be experiencing a tremendous "age wave" over the next 50 years. Since 1990, the percentage of Americans age 65 and older has more than tripled. In 1998, older citizens numbered 34.4 million and accounted for 12.7 percent of the nation's population or about one in every eight Americans. While population projections are not expected to change dramatically between now and 2010, the population explosion will occur between 2010 and 2030. By 2030, there will be about 70 million older persons, more than twice their number in 1998.[1] The number of people 65 and older is expected to jump from representing 13 percent of the population in 2000 to 20 percent in 2030.

Population Description

The elderly population is often divided into three segments: the "young old" (65-74), "middle old" (75-84) and the "old old" (85+). With improvements in health status, the oldest age group is growing the most rapidly. The Administration on Aging reports that the 65-74 year-old age group was eight times larger than its 1900 counterpart; the 75-84 year-old group was 16 times larger and the over 85 year-old group was 34 times larger. The growth rate of those over age 85 is expected to increase by 56 percent between 1995 and 2010; and 116 percent between 2030 and 2050, with the expected cumulative growth to be more than 400 percent between 1995 and 2050.[2]

Fig. 1: **The number of Americans aged 65 and older will double in 30 years**

Percentage of total population   Number of persons (in millions)
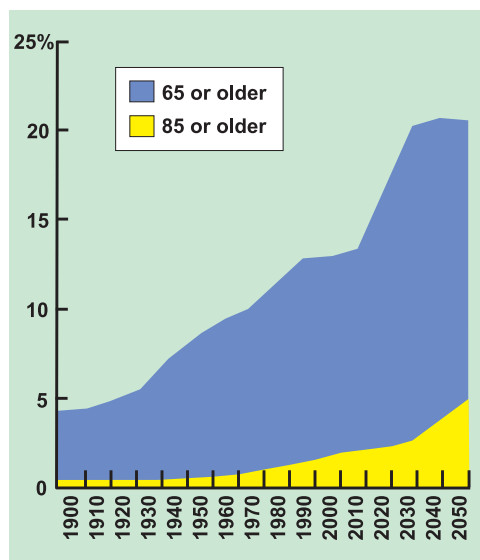
Year	65 or older	85 or older
1900	3.1	0.1
1910	4.0	0.2
1920	4.9	0.2
1930	6.6	0.3
1940	9.0	0.4
1950	12.3	0.6
1960	16.6	0.9
1970	20.1	1.5
1980	25.5	2.2
1990	31.2	3.1
2000	34.8	4.3
2010	39.7	5.8
2020	53.7	6.8
2030	70.3	8.9
2040	77.2	14.3
2050	82.0	19.4

Source: U.S. Census Bureau, middle-series projections, American Demographics, November 2000, *Retirement Redefined,* Rebecca Gardyn.

Economic Well-Being

Employment

About four million older Americans (12%) were in the labor force or actively seeking work in 1999, constituting three percent of the United States labor force. Many of these individuals were working in part-time jobs without benefits. About 21 percent of older workers in 1999 were self-employed, compared to seven percent of younger workers.

For those men who return to full or part-time employment, reasons given were improved health, longer life expectancies, unplanned or forced retirement, loss of health insurance coverage, and diminished retirement income because of inflation. Most of these part-time jobs offer no benefits. Men who are forced from a job between the ages of 55-64 are less likely to secure another job at a comparable wage level. Older wome n are increasingly likely to be in the workforce in their late 50s, a newer trend for women. As a result of the increased labor force participation, today's elderly woman is more likely to have her own retirement income from pensions, savings and Social Security.

Income

For all older persons reporting income in 1999, 34 percent reported less than $10,000. Only 23 percent reported $25,000 or more. For 16 percent of the older population, net worth was below $10,000 and 17 percent above $250,000. The aggregate net worth of older adults is staggering: Adults 50+ currently earn almost $2 trillion in annual income, own more than 70 percent of the financial assets in America, and represent 50 percent of all discretionary spending power.

The economic status of elderly persons has improved dramatically in the past 25 years. The implementation of Medicare, Medicaid, and Social Security combined with the accumulation of savings and stock market investments have contributed to driving the official poverty rate for those age 65 and over from 35 percent in the early 1960s to an all-time low of 10.5 percent today.[3]

Figure 2: The Elderly and Income 1999

Median income.. $14,425
Median income of older men $19,079
Median income for older women.................................. $10,943

Median income for Whites $33,795
Median income for African-Americans......................... $25,992
Median income for Hispanics.. $23,634

Median net worth for elderly persons.......................... $86,300

Source: United States Census Bureau

Family Status & Living Arrangements

Elderly women are more likely to live alone than are elderly men. This is especially true among women aged 85 and over, where three of every five women live alone. Currently, 7.6 million elderly women live alone, compared to 2.3 million men. Given these differences in living arrangements, it is not surprising that older men were much more likely to be married than older women in 1999 – with 77 percent of men and 43 percent of women being married. Although divorced older persons represented eight percent of all older persons in 1999, their numbers (2.2 million) have increased five times as fast as the older population as a whole since 1990.[4]

Health Status

In the last century, advances in treating infectious diseases have increased life expectancy by 29 years. Unfortunately, these advances have not contributed to healthy aging. Today, the average adult will spend more than 10 percent of his or her life in a morbid or ill state, compared to one percent one century ago.[5] According to the Health Care Financing Administration, 80 percent of the 65+ population have one or more chronic diseases, 50.2 percent have two or more, and 21 percent have problems so severe as to limit their ability to perform one or more activities of daily living. The most fragile and challenging group to care for is the 85+ population; 62 percent are so disabled that they are no longer able to manage the basic activities of daily living without help. In the coming decades, the 85+ population will continue to grow, quadrupling in size to approximately 16 million – including more than a million centenarians – by the year 2040.[6] Considering that the 85+ population is the fastest growing segment of our population, the implications on medical practice and the financing of treatment are staggering.

Most older persons have at least one chronic condition and many have multiple conditions. The most frequently occurring conditions per 100 elderly in 1995 were:

- ➢ arthritis (49%).
- ➢ hypertension (40%).
- ➢ heart disease (31%).
- ➢ hearing impairments (28%).
- ➢ orthopedic impairments (18%).
- ➢ cataracts (16%).
- ➢ sinusitis (15%).
- ➢ diabetes (13%).

A prevalent disease among the very old which has stymied medical researchers over the past decade is Alzheimer's disease. Alzheimer's is a degenerative disorder of the brain which steadily robs its victims of memory and judgment and cripples their ability to carry out basic functions on their own. After age 60, the likelihood a person will be diagnosed with Alzheimer's doubles almost every five years. Currently, less than two percent of people aged 60 suffer from Alzheimer's; three to four percent have it by age 65 and six to eight percent by age 70. At age 75, 15 percent have it, and 25-30 percent are afflicted by it by age 80; a staggering 47 percent

of people over 85 have the disease. Today, an estimated 4 million older Americans suffer from Alzheimer's. For 1998, the combined direct and indirect cost of Alzheimer's were estimated to be more than 100 billion dollars.[7] Ken Dychtwald, Ph.D. and author of *Age Power*, estimates that 14 million boomers and generation Xers will be stricken with Alzheimer's by the middle of the century. With improvements in other areas of medicine, the average duration from diagnosis to death could be extended from eight to 10 years to 15-20 years.[8]

The large number of 85+ in nursing homes speaks to the increases in the longevity of the chronically ill among the elderly and the need for long-term care. According to Dr. Dychtwald, a 65-year old has a 43 percent chance of entering a nursing home at some point in his or her life. Recent studies project that nursing home usage in the 21st Century will boom by 2040. It is estimated that 5.5 million Americans will live in nursing homes and another 12 million will require ongoing home-care services.[9]

There are options available today because of improvements in health care and technology which enable older adults to remain home rather than entering a nursing home. These options include visiting nurses, home-delivered meals, in-home assistance with bathing, dressing and other daily activities and electronic technology to summon assistance.

Chapter 2: The Aging of A Region

This chapter addresses the current senior population in Arizona and Maricopa County. It illustrates where senior residents in Maricopa County are currently located and their general needs.

Population Increase

Arizona and the Maricopa County region will experience the same effects of the age wave as the rest of the country. Currently, Arizona has the 7th highest number of persons over the age of 65 in the nation. By 2025, Arizona will be among 27 states who have at least 20 percent of the population aged 60 years or older. In the Maricopa region, the percentage of the population age 60 and over will increase from 15 percent to over 24 percent by the year 2025.[10]

In Maricopa County, there were 466,269 persons age 60 and older in 2000, representing 15.2 percent of the population. Census Bureau projections put that figure at 1.4 million persons in the year 2025. The fastest growing segment of the Maricopa County elderly population are those who are most transportation dependent – those aged 85 and older.[11]

Over the past two decades, the Phoenix/Mesa elderly population has grown by 92 percent, the third largest region behind Las Vegas (258 percent growth rate) and Orlando (94 percent). In Maricopa County, 1 in 5 individuals will be aged 60 or older in 2025.

Fig. 3: States where at least 20% of the population will be elderly by 2025

Source: U.S. Census Bureau, U.S. Department of Commerce

Fig. 4: Maricopa County Elderly Population 2000-2050

Maricopa County Elderly Population, 2000-2050

Age 60-69   Age 70-84   Age 85+
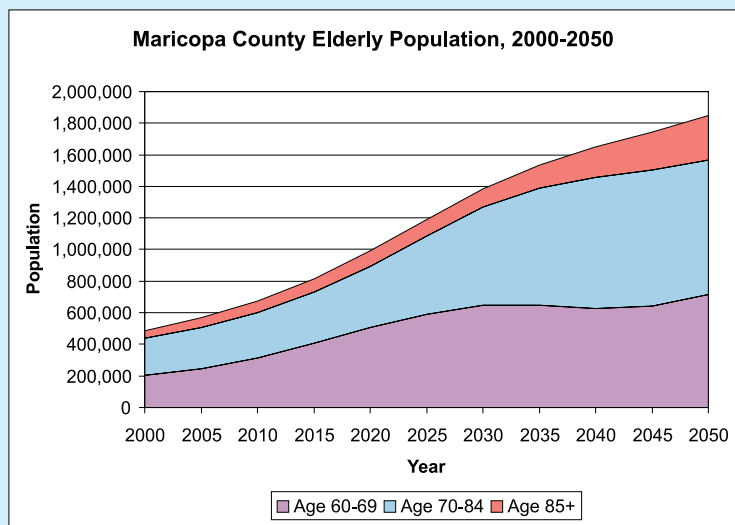
Source: Maricopa Association of Governements

Location of the Region's Elderly Population

Not surprisingly, the areas with high concentration of seniors in Maricopa County are clustered in the older adult residential communities of the Sun Cities in the Northwest; Sun Lakes and Leisure World in the East Valley, and in the Central core of Phoenix.

Almost 370,000 people over the age of 60 live in the 24 cities and towns in Maricopa County, and more than 96,000 reside in the unincorporated areas. The "youngest" of the region's cities, based upon the percentage of the their population which is age 60 and over, are Gilbert, Avondale, Chandler and Queen Creek. Map 1 illustrates the relative density of senior residents by municipality throughout Maricopa County in 2001.

Maps 2, 3 and 4 illustrate the percentage of low-income elderly residing in the county, the percentage of elderly living alone, and the low-income elderly that are living alone. These groups represent the seniors that are often the most transportation dependent and the most likely to be socially isolated from their family and peers.

Needs of Elderly Persons

In 1995, the Maricopa County Special Census data revealed that approximately 6.49% of households headed by a person age 60 or over were below the federal poverty level. In Maricopa County, a total of 15,664 of 241,233 elderly households had incomes in this level. The Maricopa County Survey Data Center conducted a needs assessment throughout the region in 1997 to identify services received by seniors, those unsuccessfully sought and those still needed:

Services most utilized were:		Services still needed were:	
• Basic Needs	37%	• Dental	64%
• TRANSPORTATION	**35%**	• TRANSPORTATION	**31%**
• Self-Functioning	33%	• Self-functioning	21%
• Education	22%	• Information and Referral	19%
• Medical	20%	• Housing	17%
• Housing	11%	• Medical	14%
• Collective Safety	8%	• Employment	9%
• Information and Referral	7%	• Counseling	7%
• Employment	6%	• Collective Safety	4%
• Counseling	6%	• Basic Needs	3%
• Dental	2%	• Education	0%

The Area Agency on Aging, Region One, also assesses needs of senior citizens in Maricopa County. Its most recent study identifies these top five needs:

➢ Transportation
➢ Home care services
➢ Increased funding for services
➢ Health care, education and prevention including dental and optical services
➢ Respite services and care-giver training

Chapter 3: The Effects of Aging on Mobility

In our society, personal mobility is often tied to the ability to drive a car, and, to a certain extent, to walking. Driving, as well as walking, bicycling, and public transit allow the freedom to choose where to live, work, and socialize.

Health Effects

The natural process of aging, however, leads to health problems that often impair personal mobility because of general deterioration of physical, cognitive and sensory abilities. These changes intensify over time and are most pronounced for individuals over 75 years of age. Characteristics of many older adults that most impact mobility include:

- Vision problems, such as degraded acuity, poor central vision, and reduced ability to scan the environment.
- Reduced range of joint motion.
- Reduced ability to detect, localize and differentiate sounds.
- Reduced endurance.
- Reduced tolerance for extreme temperature and environments.
- Decreased agility, balance, and stability.
- Inability to avoid dangerous situations quickly because of slower reflexes.
- Impaired judgement, confidence, and decision-making abilities in driving situations.[12]

Another health concern that affects transportation issues is the increased incidence of Alzheimer's and dementia. In 2000, there were approximately 85,000 cases of Alzheimer's in Arizona, 46,608 in the combined counties of Maricopa, Pinal and Gila.[13] The most at risk of this disease are those 85+, who researchers say have a 47-percent chance of contracting the disease. The transportation implications for providing paratransit services for this population are alarming.

Travel Characteristics

The primary mode of transportation for seniors is and will most likely continue to be the automobile. The vast majority of people in this country (elderly and non-elderly) have grown up using their private automobiles as their primary means of getting around. Linked to greater access to a car is a far more active lifestyle. Older people today take more trips, a greater variety of trips and longer trips than those who were 65+ a few decades ago.[14] Since many older adults have relied on their cars, they are unfamiliar with other modes of transportation and are often hesitant or unable to learn new modes at an advanced age. Given current land-use trends and lifestyles, tomorrow's senior citizens, especially those aging in the suburbs, are likely to be even more reliant on their automobiles. Not surprisingly, travel forecasts indicate a dramatic increase in the annual miles driven by the elderly. By the year 2030, almost 20 percent of all driver mileage is projected to be attributable to older drivers.[15]

Figure 5: Percentage of All Trips Taken by Car by Older People, USA 1983-1995
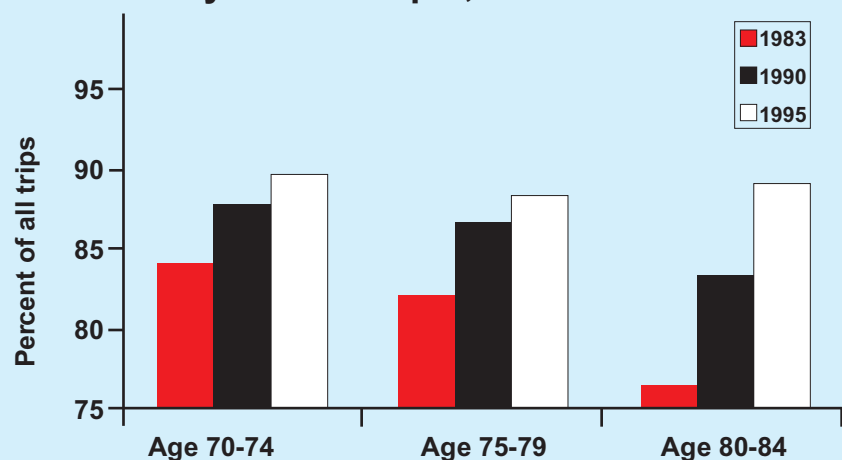
Source: Unpublished data from the 1995 Nationwide Personal Transportation Study (NPTS) and Rosenbloom 1995

We also know from current studies that seniors prefer to "age-in-place" – to remain in the communities where they raised their family, preferably in the same home. The Administration on Aging estimates that 29 percent of the nation's senior citizens live in central cities, 48 percent live in the suburbs, and 23 percent live outside of metropolitan areas. Public transit is often not a viable option given the current land use-trends in most suburban and rural areas.

However, elderly residents in urban locations are slightly less likely to utilize private vehicles and more likely to use public transit, probably because of the lack of accessible public transit in many rural communities. Even in urban locations, however, 90 percent of the elderly men and 87 percent of the elderly women rely on a private vehicle for transportation; less than three percent choose public transit as an alternative mode of travel. Not surprisingly, urban elderly residents are more likely to walk than their suburban or rural peers because of the proximity of services, facilities, friends, and neighbors. Less than one percent of the elderly residents in either type of location utilize taxi services as their primary mode of travel, probably because of the high cost of this service.[16]

The average miles traveled by seniors is expected to increase dramatically through the year 2030. While this increase is partly attributable to an increased number of trips, it also reflects that the average length of trips taken by seniors has increased by 19 percent during the last decade. This increase is due to changing lifestyles and lower-density residential development patterns. The 1995 Nationwide Personal Transportation Study (NPTS) indicated that the average number of miles per day traveled by seniors is approaching that of the general population. Men

Table 1: Mode Choice for All Trips by Age and Sex, U.S., 1995

	Car			Public Transit	Taxi	Walk	Bike	All Others Modes
	Total	Driver	Passenger					
65-69	90.1	71.5	18.6	1.7	0.2	4.5	0.2	3.4
70-74	89.4	67.6	21.8	1.5	0.2	5.5	0.2	3.2
75-79	88.4	63.3	25.1	2.1	0.3	5.9	*	3.4
80-84	89.0	57.6	31.4	1.6	0.2	5.3	0.3	3.6
85+	81.5	49.3	32.2	2.3	0.9	11.0	0.0	4.4

* = Less than 1%

Source: Unpublished data from the 1995 Nationwide Personal Transportation Study (NPTS)

Table 2: Average Annual Miles Traveled, Elderly vs. Non-elderly, 1983-2030[17]

Year	Men age 65+	Women age 65+	Men under 65	Women under 65
1983	7,198	3,308	15,357	6,721
1990	9,162	4,750	17,551	10,149
1995	9,680	3,956	16,324	9,957
2000	10,359	6,318	16,727	10,202
2010	11,875	7,242	17,534	10,694
2020	13,391	8,167	18,340	11,185
2030	14,907	9,092	19,146	11,677
% increase 1983-2030	107%	175%	25%	74%

**Source:** 1995 National Personal Transportation Survey (NPTS)

of all ages traveled an average of 35.2 miles per day, while men between the ages of 65-74 traveled 26.3 miles. Women of all ages averaged 27.8 miles, while older women averaged 19.4 miles. Decreases in miles driven occurred after the age of 75, when men traveled an average of 19 miles and women traveled only 10.9 miles per day.

Women are expected to significantly increase their miles traveled per day by 2030. This is in part because women generally outlive men, and the proportion of elderly women is expected to increase in the future. Additionally, unlike older women of today, many of the aging female baby boomers have worked outside the home and had a driver's license for most of their adult life.

Safety Implications

In stark contrast to the overall public perception, current research shows that older drivers are among the safest drivers on the road. They have fewer accidents than any age group of licensed drivers (persons between the ages of 16-20 have the highest accident rates). However, older drivers tend to drive fewer total miles than other age groups, and therefore, when adjusted, have the highest accident rates per miles driven.[17] Additionally, older drivers suffer substantially more injuries, greater disability, greater nursing home placement, and higher fatality rates when involved in an accident.[18]

Figure 6: National Accident and Driver Fatality Rates per 100 million Vehicle Miles Traveled

National Accident Rates per 100 million Vehicle Miles Traveled

National Driver Fatality Rates per 100 million Vehicle Miles Traveled
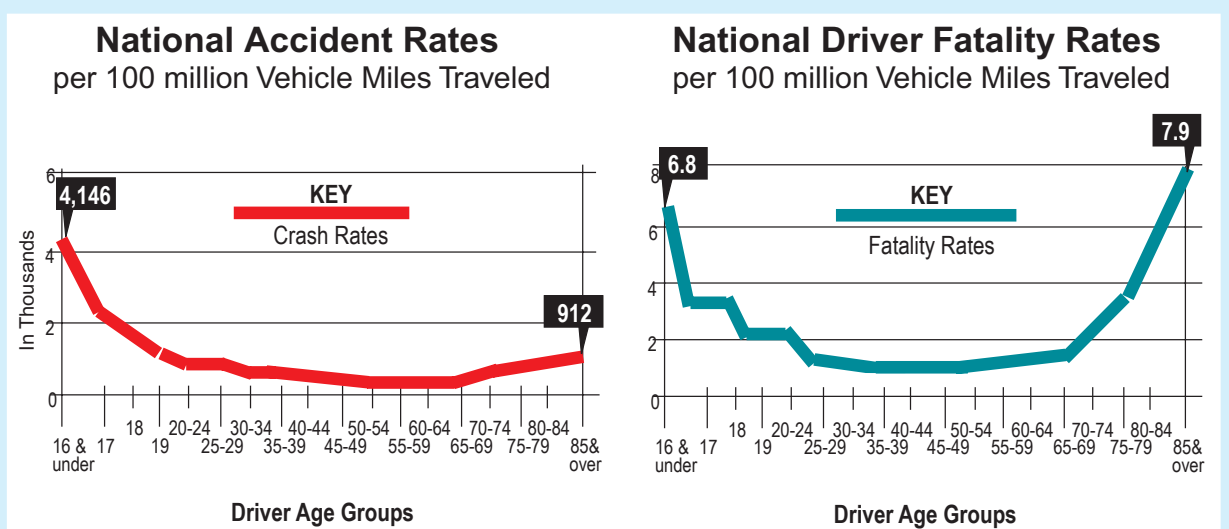
Source: 1996 National Highway Traffic Safety Administration

The types of accidents older drivers have are much different than those of younger drivers. Whereas younger drivers have more accidents related to excessive speed and poor judgement, older drivers have more accidents at intersections (judgement gap and observational errors); making right turns from the left lane (positional errors); inappropriately following a car ahead (orientation errors); and have greater failure-to-yield accidents and more at-fault accidents. The AARP estimates that left-turns and right of ways account for a combined total of 60 percent of all older driver accidents. Since older adults are more frail than other drivers, they are twice as likely to be seriously injured or killed in accidents than their middle-aged counterparts. It is estimated that the number of elderly traffic fatalities will more than triple by the year 2030, making older driver deaths 35 percent greater in number than the total number of alcohol-related fatalities that occurred in 1995.[19]

Figure 7:

Self Regulating Behavior

INDEPENDENCE

MILE

Low traffic
conditions

MILE

Daylight Hours

MILE

Limit freeway driving

MILE

Avoid left-turns

MILE

**MOBLILITY
MILEPOSTS TO
DEPENDENCE**

Limit trips to basic necessities

MILE

Total cessation. Rely on
family/friends/alternative modes

DEPENDENCE
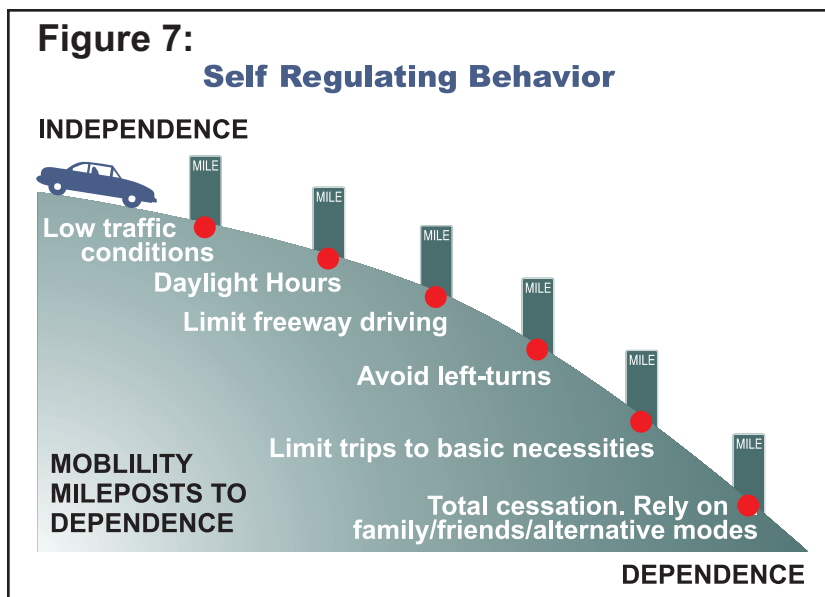
Quality of Life Implications

One of the reasons that older drivers are among the safest drivers on the road is because they employ adaptive or self-regulating behaviors to ensure their safety. As physical and cognitive decline occurs, older drivers begin to make the following choices: driving in off-peak hours and in the daylight; limiting freeway driving; avoiding left-turns; and limiting trips to basic necessities. These choices are a double-edged sword: they heighten senior safety on the road, but they begin a process of limiting where seniors go and when they can get there. This process finally ends often after an accident or near accident, when the older driver willingly or unwillingly gives up the keys and ceases to drive. With cessation, there is increased pressure on family and friends to provide rides. The second-most preferred alternative to the automobile is usually relying on others for rides.

What does this self-regulating process mean for quality of life? For those seniors who live alone, far from family, and/or have limited income, their ability to access services, participate in social, cultural and religious activities is compromised. The social isolation that results from the loss of personal mobility can lead to depression and sharp declines in physical health. Social and economic capital is lost too, since many that might have worked or volunteered are unable to do so without a reliable source of transportation. The overall decline in quality of life associated with limited to no-mobility options produces an increase in the demand for in-home elder care services and costly assisted living facilities.

Automobile Costs

In addition to physical and cognitive impairments that may limit the continued use of their automobile, many older adults find the cost of operating a car prohibitive. Owning and maintaining a vehicle is very expensive. This is especially true for older adults, who drive

less often and fewer miles than most drivers. Many people are not aware of the true cost of driving their car, which includes gasoline, maintenance, insurance, payments, depreciation, and other fixed costs. Likewise, few people understand how the same amount of money could be used for other transportation services.

The Automobile Association of America in 2001 estimates that the national average cost per mile to drive a car 10,000 miles is 64.5 cents/mile. The cost per day to own and operate a car ranges between $13.24/day for the 4-cylinder to $17.98/day for the 8 cylinder. Most seniors own older cars and drive fewer miles per year than do younger people, somewhat reducing the cost. However, the cost of driving a private vehicle can cost an older adult over $5,510 a year.[20] Given this, seniors should be educated to budget an equal amount for alternative modes when they no longer drive.

The Necessity of Alternatives to Driving

Like other age groups, transportation for older adults is defined as driving. Private automobile is their first choice, especially with themselves as the driver. As their ability to drive safely diminishes, many seniors adapt their driving habits to meet their individual circumstances. For example, they might reduce night-time driving, drive only on off-peak hours, and avoid bad weather. Reluctantly, many will reach the point where they will have to rely on other modes of travel.

Other modes include:
- Rides from family and friends (most preferable choice).
- Walking.
- Bicycling.
- Public Transit.
- Specialized, demand-responsive paratransit services. The Americans with Disabilities Act (ADA) requires that operators of fixed-route public transit offer both accessible services and specialized paratransit for disabled individuals living within 3/4 mile of any transit route including the qualified disabled elderly.
- Taxis. Taxi service is very demand responsive and a useful alternative for occasional trips. However, it is the most expensive alternative.
- Agency transportation services. Some public and private agencies and organizations provide transportation services for the elderly including the Red Cross, the Area Agency on Aging, private nursing homes, and assisted living facilities. These services typically provide rides to and from medical facilities, shopping opportunities and recreational activities using vans and mini-buses.

Regardless of age, all people need to fulfill two types of needs: basic maintenance needs (food and health care) and enriching needs (socialization, recreation, community, worship). Most seniors usually can and will find a way to fulfill their basic needs, regardless of whether or not they drive. Once older people stop driving, however, life-enriching needs are often compromised and the quality of life may be diminished. As their mobility decreases, the seniors suffer financially, socially, psychologically and emotionally, and society as a whole suffers from the loss of active older adults as workers and volunteers.

Walking and Bicycling

Walking and bicycling are the second most preferred choice for the elderly, therefore, more attention needs to be paid to these two modes. Land use and public transit are directly impacted by people's ability to walk and bike. Health and climate limitations can be mitigated by design elements that encourage increased physical activity. For example, older people generally need frequent resting places and prefer more sheltered environments. Older people thus benefit from accessible pathways, effective lighting, smooth surfaces and improved intersections.

Table 3: Percentage of Older Adult Trips by Mode and Region			
Transportation Mode	**Urban**	**Suburban**	**Rural**
Automobile	77.3%	93.7%	94.8%
As Driver	54.9%	71.7%	68.1%
As Passenger	22.4%	22%	26.7%
Public Transportation	8.5%	.9%	.3%
Walking/Bicycling	13.3%	4.6%	4.6%
Other	.9%	.9%	.3%

Source: 1995 National Personal Transportation Survey (NPTS) as presented in S. Rosenbloom, 1999. *The Mobility of the Elderly: There's Good News and Bad News,* presented at the *Transportation in an Aging Society: A Decade of Experience Conference,* NIH Bethesda, MD, November 1999.

The ambulation of older adults is affected by their reduced strength, causing them to move more slowly than other pedestrians and thus requiring more time to cross streets than other sidewalk users. They tend to need more time to make decisions and often start moving later than other pedestrians. Taking into account the slower gait and shorter stride of older people as well as longer traveling times for people with disabilities, the Federal Highway Administration and the U.S. Department of Transportation recommended in the Older Driver Highway Design Handbook (Publication No. FHWA-RD-97-135, January 1998) that pedestrian control signal timing be based on an assumed walking speed of 1.4 ft/s (0.43 m/s). This can make a difference when it comes to walking safely and confidently across streets.

Contrast resolution loss causes older adults to have difficulty seeing small changes in levels, such as high curbs and irregular surfaces that can be hard to maneuver or result in falls. Their reduced manual dexterity and grip force can affect their ability to operate common mechanisms such as doors and door handles, phones, drinking fountains, pedestrian-actuated traffic signals, and parking meters. Visual changes, such as reduction in pupil size, makes it difficult to read small street signs. Traffic engineering solutions such as smooth pavement; wide flat curb cuts; large, high-contrast non-glare street signs, and bright lighting can effectively compensate for these limitations.[21]

To develop effective transportation networks, people responsible for designing public sidewalks, trails, streets and intersections must understand the full range of route users. Providing facilities for people to walk and bike increases a senior's opportunity to stay mobile and both physically and mentally active. According to the Centers for Disease Control (CDC), regular moderate activity such as walking

and biking allows seniors to stay healthier longer, by delaying the onset of disabilities, building strength and flexibility to reduce the risk of falls, relieving depression and increasing mental acuity.

Seniors want activities that are simple, achievable and fun. They don't want to have to plan every activity and they want to be confident that they can do the activity. Thus, it is essential that the environments for walking and biking are close to home. By creating quality pedestrian and bicycle pathways, it becomes socially acceptable and environmentally accessible for everyone to walk or bike to destinations of interest. This maximizes opportunities for people to use transportation options other than an automobile, preserves natural settings, and creates a sense of community and ownership.

Chapter 4: The Planning Process

In August of 2000, MAG sponsored a stakeholder dialogue called *Aging & Mobility: Implications for the Maricopa Region.* This forum was held with a leading researcher in the field, Dr. Sandra Rosenbloom, Director of the Drachman Institute at the University of Arizona. The purpose of the forum was to discuss the coming age wave and the proactive responses the region should consider.

MAG Elderly Mobility Working Group

As a result of this meeting, the MAG Elderly Mobility Working Group was formed comprising of representatives from transportation and social services agencies; retirement communities; elderly advocacy groups; faith-based organizations; health care; and city, county, and state government. The Working Group identified four key objectives of the planning process:

1) Develop a Regional Plan on Aging & Mobility in which the strategies would reflect the values of safety, accessibility, affordability, and independence.

2) Utilize input from seniors and middle-aged residents on transportation needs and solutions in the creation of the Plan.

3) Integrate the Plan's recommendations (when possible) into the MAG Regional Transportation Planning Process, and the MAG Transportation Improvement Plan (TIP).

4) Convene a national conference on aging and mobility in the Valley in the Spring of 2002.

The Working Group determined that a comprehensive regional plan must address the following key areas:

➢ Infrastructure & Land Use
➢ Alternative Transportation Modes
➢ Older Driver Competency
➢ Education & Training

More than 75 stakeholders then participated in ad hoc planning groups that focused on the four key areas from November 2000 to April 2001. More than 15 national and local experts consulted with the planning groups via video/audio-conference and in person. Over these six months, the participants looked at the current issues, assessed the gaps, researched how national and local best practices could apply, and then developed recommendations according to the "5R" format.

Public Input from Seniors and Boomers

A key objective of the plan development process was to involve seniors and middle-aged residents in identifying major transportation challenges and potential solutions. To assist in this effort, WestGroup Research was contracted to conduct a Senior Mobility Study utilizing the following input methods:

➢ Small Focus Groups
➢ Regional Public Forums
➢ Senior Mobility Questionnaire

Four focus groups were held for this study, each recruited to represent a different point of view, including care givers, boomers, seniors and senior service agency representatives. Public forums entitled *Getting Around Safe & Sound* were also held in Sun City West, Mesa, and downtown Phoenix with approximately 250 seniors discussing their own transportation challenges and providing their ideas on solutions. Additional input was gathered from a transportation questionnaire. This information was then transmitted to the 75 members of the ad hoc planning groups to assist them in forming their "best practice" recommendations.

A summary of the key findings from the Senior Mobility Study is listed below. The full report can be found in Appendix I.

- Nearly one-third (31%) of respondents say transportation or getting around is a problem for them. This is particularly true for seniors who do not drive at all (67%), those who live alone (42%), and those who have an annual income of less than $50,000 (44%).

- Respondents are most likely to say they do or would rely on public transit (44%) and/or senior transportation services (42%) to get around when they no longer drive. Friends and family members are the next most relied upon sources of transportation (36% and 30%, respectively). Two in seven (28%) say they walk or plan to walk.

- Nearly seven in eight (87%) survey respondents feel new transportation services are needed for their community. This is particularly true among seniors who still drive (90%). Two in five (41%) respondents think additional and/or better bus services are needed.

- Nearly one-half (49%) of respondents indicate they would seek information or education from a senior center and/or the AARP.

- Three in five (62%) respondents feel training seniors on how to compensate for limitations such as decreasing eyesight and increased reaction time is the most helpful way to ensure safe driving by older adults.

- Respondents are most likely to select larger and better-illuminated traffic signs as being the most beneficial action for seniors (61%).

- The three actions perceived most often as beneficial for seniors who walk or ride bikes are highly visible crosswalks and safer intersections (53%), changing the timing of traffic signals to allow more time for the "WALK" cycle (47%), and adding sensors to extend the "WALK" cycle when pedestrians are present (40%).

- At least one-half of survey respondents say they live within walking distance of a grocery store (57%) and/or a recreation or activity area (50%).

- Nearly three in five (58%) respondents think neighborhood shuttle buses are one of the top two alternatives that would be most beneficial to seniors. Personalized subscription transportation services using vans (32%) and transportation specialists that provide "one-call-does-it-all" information (29%) round out the top three transportation options.

The Five "R's"

5Rs

Recommended Best Practice
What is the best practice recommendation? This practice may already be occurring in some or all areas. It may not be currently be the standard but needs to happen.

Rationale for Implementation
Why is this a best practice? What will this recommendation achieve?

Roadblocks to Implementation
What issues, if any, will need to be addressed if this recommendation is to go forward? These roadblocks could be legislative, policy/protocol, financial, educational, or other.
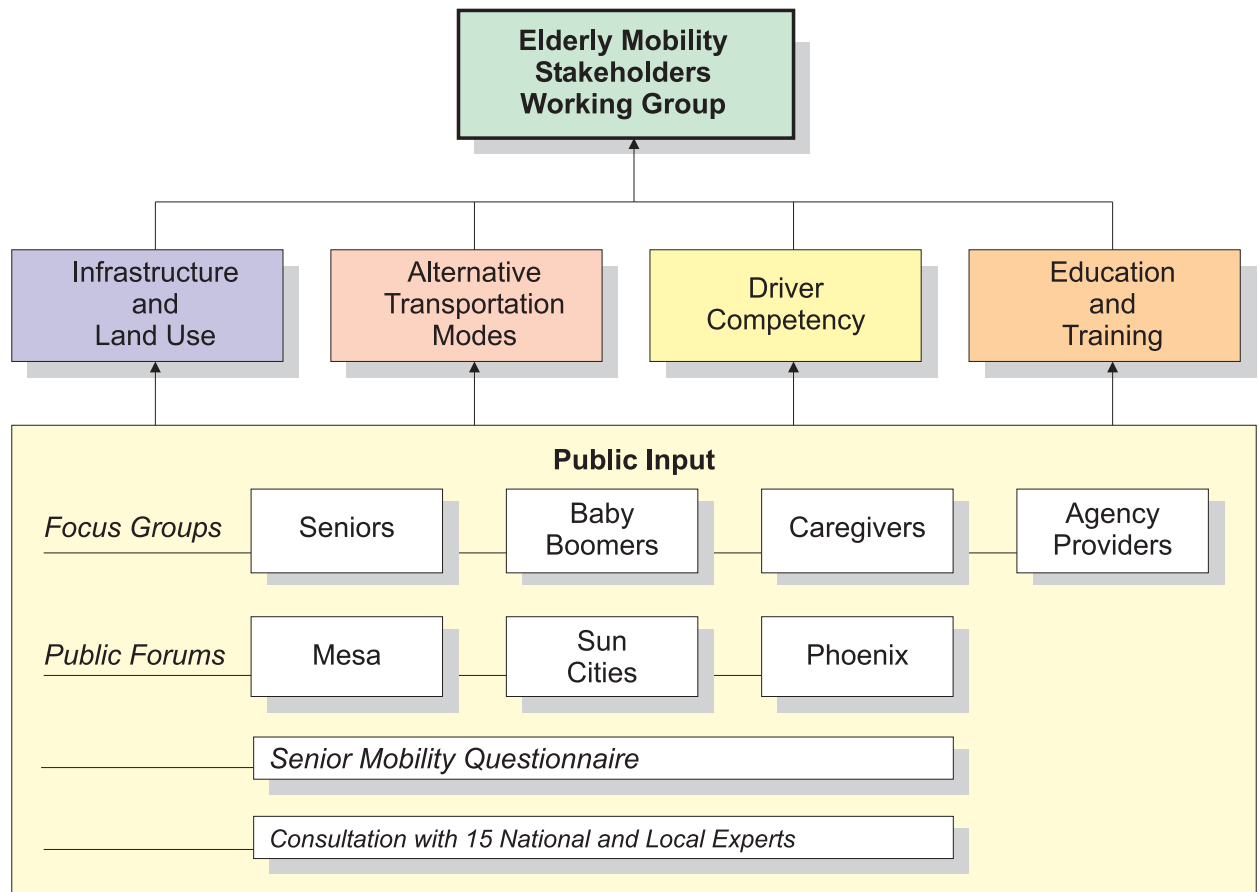
Resources Available
What are the resources available and needed to implement the recommendation?

Responsibility
Who are the responsible parties/jurisdictions or entities who are best suited to implement the recommendation? Who should take the lead?

Figure 8:

Regional Action Plan on Aging and Mobility

Elderly Mobility Stakeholders Working Group

- Infrastructure and Land Use
- Alternative Transportation Modes
- Driver Competency
- Education and Training

Public Input

Focus Groups: Seniors | Baby Boomers | Caregivers | Agency Providers

Public Forums: Mesa | Sun Cities | Phoenix

Senior Mobility Questionnaire

Consultation with 15 National and Local Experts

25 RECOMMENDATIONS
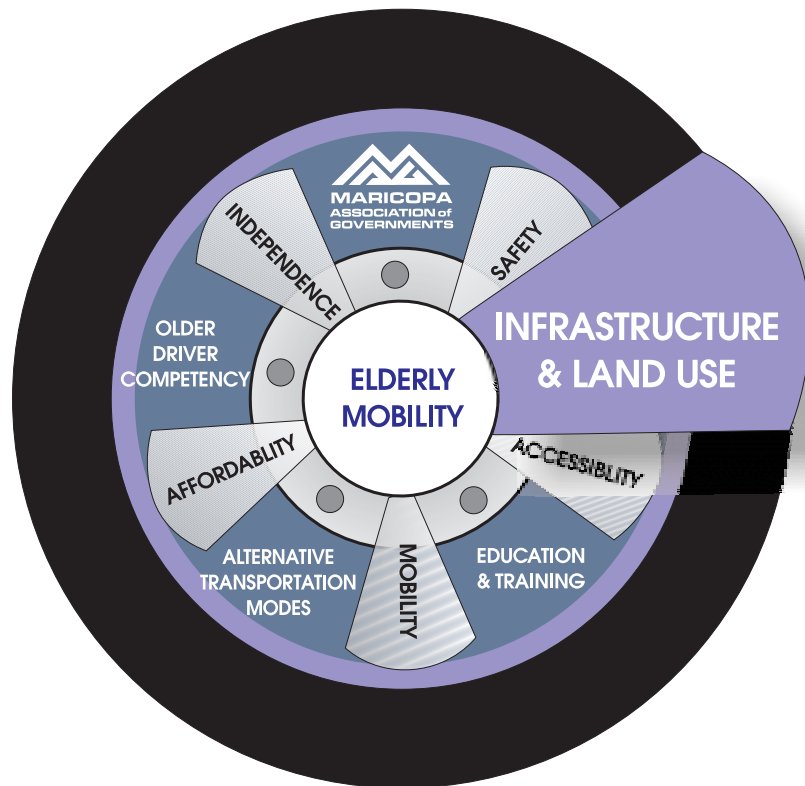
Recommendations #1-10

The key theme of the Infrastructure recommendations involves the implementation of the Federal Highway Administration's Highway (FHWA) Design Handbook for Older Drivers and Pedestrians. This includes improvements in the following design elements:

- ➢ Intersections
- ➢ Interchanges
- ➢ Roadway Curvature and Passing Zones
- ➢ Construction and Work Zones
- ➢ Highway-Rail Grade Crossings

It includes recommendations on such things as signage, lighting, signal timing, roadway markings, and median refuge islands. Most importantly, the guidelines and recommendations in the Handbook link senior driver characteristics to practical and cost effective highway design, operational, and traffic engineering measures.

The land use recommendations focus on new developments or retrofitting older developments with strategies that decrease the need for driving by locating services in closer proximity to where seniors live.

1 Streets and Highways

Recommendation

Review the Maricopa Association of Governments (MAG) Uniform Standard Specification & Details for Public Works Construction and Arizona Department of Transportation (ADOT) Design Standards to:

- Determine how and which guidelines from the Federal Highway Administration (FHWA) Older Driver Highway Design Guidelines can be incorporated.
- Determine if certain traffic calming measures could be included as a new section in the MAG Uniform Standard Specification & Details for Public Works Construction.

After the analysis, have the FHWA Design Guidelines incorporated into both MAG and ADOT Design Standards as appropriate.

Rationale

- Promote consistency/uniformity in signage, lighting, markings, and traffic calming measures across jurisdictions.
- Minimize liability exposure by implementing regional guidelines.
- Improve safety for all populations.
- Make the infrastructure more usable and available to all.

Roadblocks

- The resources needed to implement guidelines may be substantial and will need top-level commitment.
- Different policies among the various jurisdictions may make it difficult to gain buy-in from the jurisdictions.
- Some residents may not want some of the traffic calming measures in their neighborhood.
- Implementation of guidelines will needs to be determined by community.

Resources

Needed: Fees for consultant project to develop the review of the FHWA Older Driver Guidelines and recommend a first round of regional guidelines to include staff time from jurisdictions for the review process, and investments from each community for the infrastructure improvements.

Available: Possible national/local grants, MAG Enhancement Funds, technical assistance from FHWA.

Responsibility

ADOT, Maricopa County Department of Transportation (MCDOT) and MAG.

- A Street Design Group would need to be developed of traffic engineers and road/highway designers, planners and landscape architects from the three stakeholder groups mentioned above. The Group will determine which of the guidelines to include through a phased-in process, and utilize the input from the MAG Senior Transportation Forums and other citizen discussions to help determine which guidelines from the FHWA Older Driver Guidelines to incorporate.

- Technical assistance could also be provided by FHWA and TransAnalytics, Inc. which helped develop the 2001 Update to the FHWA Guidelines.

2 FHWA Older Driver Guidelines

Recommendations

Require the consideration of the Federal Highway Administration (FHWA) Older Driver Highway Design Guidelines in the Arizona Department of Transportation (ADOT)/Maricopa Association of Governments (MAG) application and review of federally funded projects. Develop a CHECKLIST for planners and designers of transportation projects to use in the preparation of their proposals and for the application review team to utilize.

Rationale

- More attention will be paid to elderly mobility concerns as a result.
- More enhancements which increase safety for seniors will be integrated into current infrastructure.

Roadblocks

- Staff time to amend the review process.

Resources

Needed: Staff time to create checklist, amend proposal and review process, and to go through an internal approval process.

Available: Staff expertise, possible technical assistance from FHWA.

Responsibility

MAG, ADOT, FHWA

3 Maintenance of Current Infrastructure

Recommendations

Encourage dedicated funding for the maintenance of current infrastructure and increase funding to expand programs like Adopt-a-Road. In addition, utilize trained volunteers, school districts, and neighborhood groups to report maintenance problems with the transportation system.

Rationale

- Increases the ability to identify maintenance needs on an ongoing basis.
- Increases safety for all road users.
- Engages roadway users in a more proactive way.

Roadblocks

- Staff and resources to make repairs as needed.
- Potential liability issues.
- May be difficult in receiving funding because of a very competitive budget process.

Resources

Needed: Volunteer recruitment and management, as well as manpower and commodities to conduct repairs.

Available: Model programs in Seattle, and the Arizona Bridge to Independent Living in Phoenix.

Responsibility

Local jurisdictions and MAG to develop.

4 Airport Accessibility

Recommendations

Improve the accessibility of transportation facilities and intermodal connections. Start with an analysis and potential changes to Sky Harbor Airport and then broaden the scope to include Park & Rides, major bus transfer points, pedestrian facilities, light rail stops, and possible local airports.

Actions at Sky Harbor include:
- Conduct an audit on accessibility and safety issues.
- Provide instructions and maps on the City of Phoenix Web site which identify the most convenient place to drop a passenger off to his/her gate and/or include a more sophisticated component that allows people to input their flight number/airline and the computer identifies the departure gate and the drop off point with the shortest distance to the terminal.
- Determine specific strategies to minimize the walking demands on seniors.
- Ensure that a process exists for the consideration of seniors and other special needs populations in any new airport facilities designs.

Rationale

- Simplify multi-modal connections for users to make it easier for the less mobile to use airports and other transportation facilities.

Roadblocks

- Balancing certain federal security rules with accessibility considerations (i.e., where carts can be, etc.).
- Limited funding.

Resources

Needed: Will need to find staff/consultant to develop and conduct the audit.

Available: Potential federal funding.

Responsibility

Phoenix Aviation Department, Maricopa Association of Governments (MAG), facility operators, and other local jurisdictions.

5 Pedestrian Improvements

Recommendation

Review and Update the Maricopa Association of Governments (MAG) Pedestrian Area Policies and Design Guidelines so that they address and promote senior mobility. At a minimum, the review should include:

- Elderly/pedestrian-friendly signage.
- More open space pedestrian refuge areas in downtown and suburban settings.
- Turn/refuge islands.
- In-pavement lighting on crosswalks.
- Audible signals at crosswalks.
- Improved parking lot design.
- Narrow street design.
- Implementation strategies to encourage incorporation of the Guidelines into the planning and design of transportation infrastructure.

Rationale

- Increase pedestrian safety and comfort.
- Provide a readily available source of information for local jurisdictions interested in measures to enhance senior mobility.

Roadblocks

- Funding to conduct the review and to put in place the improvements.
- Buy-in from communities to adopt the guidelines.
- Need a champion or messenger to ensure guidelines are implemented.

Resources

Needed: Funding, staff and volunteer time, and possible consultant fees.

Available: Pedestrian Design Assistance and existing MAG Pedestrian Working Group.

Responsibility

MAG Pedestrian Working Group and local jurisdictions.

6 Land Use Improvements

Recommendations

Build upon the land use principles included in the Maricopa Association of Governments (MAG) Pedestrian Area Policies and Design Guidelines and other adopted MAG plans and policies to develop land use guidelines (neighborhood and subdivision-based) to meet the needs of an aging population.

Incorporate guidelines into the city-based Sub-Division Design Guidelines and subdivision design review process, and widely distribute these guidelines to developers, city planners, zoning commissions, and school districts to use during their site plan reviews. At a minimum, these new guidelines should include the following activities:

- Conduct a study and analysis to identify zones with concentrations of seniors. Survey the seniors in these areas to determine their issues and concerns.
- Conduct a Liveable Cities audit as it relates to the land use considerations (developed by Arizona Association of Retired Persons (AARP) or equivalent) and involve seniors in the process of developing the guidelines.
- Identify pilot pedestrian-friendly areas and incentives to make these areas more friendly to the elderly, such as transit at reduced rates, incentives for developers, and treatments for Elderly Pedestrian Zones.
- Develop implementation strategies, such as mixed land use, a wider range of housing types, higher density along transit corridors, crime prevention through environmental design techniques, and multi-modal strategies (including low-speed personal motorized vehicles).
- Create by-ways and multi-purpose trails.
- Encourage multiple use of public facilities (e.g., schools, libraries, community centers) as neighborhood anchors.

Rationale

- Creates more liveable neighborhoods, promotes walking, and enhances mobility.
- Increases connectivity between neighborhoods with use of by-ways and multi-use trails.
- Creates a greater level of sustained mobility over the life cycle.

Roadblocks

- Funding to conduct the review and to put in place the improvements.
- Buy-in from communities to adopt and implement the guidelines.
- Need a champion or messenger to ensure guidelines are implemented.

Resources

Needed: Staff or consultant time, work group of planners.

Available: 1998 National Traffic Safety Administration (NTSA) Project conducted by Dutton and Associates, which successfully implemented Elderly Pedestrian Zones in Phoenix; Existing AARP Liveable Cities Audit; possible technical assistance by AARP; the Regional Off-Street System (ROSS) Plan developed by the Bicycle/Pedestrian Working Group.

Responsibility

MAG Planners Stakeholders Group, and MAG Pedestrian Working Group.

7 Education and Awareness

Recommendation

Educate city planners, developers, students, and community groups on how to manage senior mobility issues in their communities through the following methods:

- Publish a comprehensive, user-friendly Senior Mobility Guidebook for cities, developers, community groups, and educational institutions.
- Organize a series of elderly/pedestrian urban/suburban design forums targeting the real estate and land development industries and city planners.
- Develop a Senior Transportation/Land Use Design Awards Program for cities that implement elderly mobility improvements. Utilize the Senior Mobility Checklist and AARP Liveable Cities Audit to measure performance and make award decisions.

Rationale

- Increased awareness about ways to improve senior mobility.

Roadblocks

- Organization of all activities—champions needed.

Resources

Needed: Staff time and funding to develop the guidebook, organize the forums and develop the awards program.

Available: Valley Metro/Regional Public Transportation Authority staff who currently provide training, and organize forums/conferences.

Responsibility

A consortium of groups and institutions is needed, including Valley Metro/Regional Public Transportation Authority, the Maricopa Association of Governments (MAG) Bicycle/Pedestrian Task Force, the MAG Planners Stakeholders Group, Arizona Department of Transportation (ADOT), Arizona State University (ASU) and other educational institutions.

8 Public Involvement

Recommendations

Develop and train city-based Senior Audit Teams to go on-site to review the current infrastructure/land use and take part in the transportation project review process.

- **Partner with Arizona Association of Retired Persons (AARP) to provide training to the team for what to look for in the audit, and assist city planning groups in the design of both land use and transportation plans.**

Rationale

- Trained and experienced consumers become part of the transportation/development review process.
- One way to make sure cities are prepared for the changes associated with the aging population.

Roadblocks

- Recruiting and maintaining volunteers.
- Gaining full participation from the cities.
- Providing an incentive for cities to integrate Senior Audit Teams into the existing review process.

Resources

Needed: Volunteers, city staff, trainers.

Available: Possible technical assistance from AARP.

Responsibility

Maricopa Association of Governments (MAG) and local jurisdictions.

9 Intelligent Transportation Systems

Recommendations

Request the Maricopa Association of Governments (MAG) Intelligent Transportation System (ITS) Committee to consider the development and implementation of Intelligent Transit Stop technologies. Intelligent Transit Stops, or "Smart Stops" will enable transit management to be informed about how many and what kinds of customers are waiting for service. Management will be able to calculate in real-time terms whether these customers are likely to be picked up on schedule and, if not, to select alternative means for aiding such customers in completing their trip.

Rationale

- More transit trips will be completed in a timelier manner than is possible with today's practices.
- Transit will become more reliable, and user-friendly.

Roadblocks

- Lack of necessary vision.
- Research and development of software and hardware.
- Will need to generate considerable public/private support.

Resources

Needed: Research and development funding; funding for a demonstration project.

Available: Possible national/local grants.

Responsibility

MAG ITS Committee, Arizona Public Transit Association, Valley Metro/Regional Public Transportation Authority, and local jurisdictions.

10 Implementation

Recommendations

Dedicate Maricopa Association of Governments (MAG) staff to the ongoing tracking and implementation of the Regional Action Plan recommendations. MAG staff should focus efforts in the following areas:

- Integrating the Aging and Mobility recommendations into the work of the MAG modal committees.
- Serving as a resource to community stakeholder groups who take the lead on some of the recommendations.
- Convening a quarterly stakeholder meeting to assess the implementation process.

Roadblocks

Finding elected officials, community leaders, and city staff to champion the issue and move forward on implementation.

Keeping the major stakeholders and institutions involved over the long term.

Finding funding to help implement programs that will address the issues identified in the recommendations.

Resources

Needed: Interested elected officials and other committed stakeholder representatives.

**Available:** Existing MAG committees that address multi-modal options.

An existing model of a coordinated community response to a regional issue in the form of the MAG Regional Domestic Violence Council.

Responsibility

Community groups interested in aging and mobility issues, members of the senior community, the Area Agency on Aging, the Governor's Council on Aging, MAG modal committees and other groups as identified.
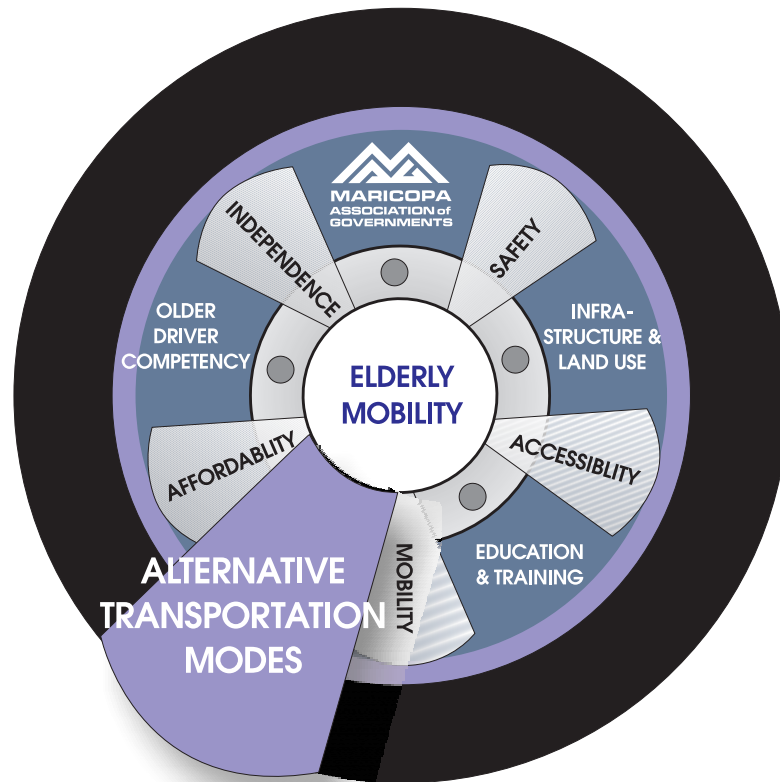
Recommendations #11-18

Since many older adults will eventually cease driving, alternative transportation options are the safety net resources to ensure that seniors get to doctor's appointments, grocery stores, and other critical social, medical, and recreational activities. The key theme underlying all of the Alternative Transportation Mode recommendations is creating a "family of services" approach to alternative modes. The "family of services" should build upon existing services throughout the Valley, as well as offer a continuum of transportation services that are customized to meet the diverse characteristics, needs and demands of older users.

Other key concepts of these recommendations include:

➢ The development and funding of a coordinated transportation system for all transportation dependent populations.

➢ Transportation data system which includes one phone number for users.

➢ The promotion of private sector involvement in creating and supporting new options.

➢ Improved amenities at pubic transit facilities.

➢ Expanding Peer Travel Training programs.

11 Coordination

Recommendations

Establish a Transportation Consortium to design and oversee a Transportation Coordinated System for older adults and other transportation-limited populations.

The consortium should include funders, policy-makers, and operational staff. The roles of the Consortium should include, but not be limited to the following: resource identification and development, designing the operational structure and information system, contracting, policy development and oversight, defining the geographic area served by the system, conducting a region-wide needs assessment, and establishing service and eligibility criteria. Possible elements of a "Coordinated System" that should be considered by the Consortium are:

- A Brokerage service operated from a central call center with satellite operations in different parts of the Valley.
- To leverage resources/funding and ensure maximum utilization—target system to older adults, and other "special need" populations, i.e., welfare to work, persons with disabilities, low-income families.
- Development of a "family of services" matrix which compares certain programs against demographics and the varying needs of certain groups.

Rationale

The Maricopa County region has numerous resources (funding, vehicles, technology and people) that would be more fully utilized and provide significantly more opportunities for riders if the resources were organized into a coordinated system that allowed brokers to purchase services from the existing modes and link those services with those who need it. The primary benefits of this recommendation are:

- Regionalizes transportation services.
- Combines multiple fund sources into one revenue "bank."
- Creates a centralized call center for transportation.
- Relies on technology to create and maximize ridesharing whether on a van, bus, taxi, or private automobile.
- Reduces trip costs.
- Provides an organizational structure that has decision-makers in transportation needs and funding.

In addition, the development of a Coordinated Transportation System will be critical to the successful implementation of the other alternative mode strategies in recommendations #12-17.

Roadblocks   Gaining commitments from agencies that:
- Serve transit-dependent populations.
- Provide funding (Arizona Department of Economic Security (DES), Arizona Department of Transportation (ADOT), American Automobile Association (AAA), Arizona Health Care Cost Containment System (AHCCCS), Cities/Towns, Maricopa County).
- Provide some type of transportation service.

Resources   Needed: Funding for staff time to develop and assist the Consortium; a combination of transit/transportation funding and other grant dollars available for special needs services. Potential funding sources include DES departments such as, Temporary Assistance to Needy Families (TANF), Refugee Assistance, Arizona Division of Developmental Disabilities (DDD), and Welfare to Work; AAA, local cities and towns, and AHCCCS.

Responsibility   Maricopa Association of Governments (MAG) to staff the Consortium, which should include representatives from local jurisdictions, Valley Metro/Regional Public Transportation Authority, ADOT, Maricopa County Human Services Division, DES, the Area Agency on Aging, AHCCCS, Human Service Agencies who provide transportation, employers, Chambers of Commerce, consumers, and others as identified.

12 Data and Access to Information

Recommendations

Improve transportation information gathering and dissemination through a coordinated Transportation Information System.

- Develop a Transportation Information System.
  - The database would help to link or match older adults to programs and services according to their individual needs.
  - One call would provide the traveler with one or more travel alternatives.
  - Utilize software packages that are already developed.
  - Have an oversight body monitor the system and keep building in information about the new services that are created that make up the Family of Transportation Alternatives.

- Promote "one" place for consumers to go specifically for transportation information and linkage to services.
  - Not just a phone number, but an actual person with whom consumers can talk.
  - Possibly utilize the Area Agency on Aging senior help line or have Maricopa County or Valley Metro/Regional Public Transportation Authority provide the service.

Rationale

- Enhance Valley Metro/Regional Public Transportation Authority and Community Information & Referral's ability to provide older adults with transit information, as well as other alternative mode options.
- For the most part, the Family of Transportation Services in Maricopa County already exists. The problem is that few older adults are knowledgeable about all of the services available.

Roadblocks

- Gaining support for the idea and the funding to develop and implement it.
- Designing the system, the data forms, etc.

Resources

Needed: Funding to develop and maintain the system; finding staff knowledgeable about the Family of Transportation Services available.

Available: Potential local government, county support, and national grant possibilities.

Responsibility

The Transportation Consortium (if developed) should be responsible for develop, review utilization, and make any necessary changes to the system. Critical entities include Maricopa County, Valley Metro/Regional Public Transportation Authority, the Community Forum, the Area Agency on Aging, Arizona Department of Transportation (ADOT), Maricopa Association of Governments (MAG), and the Arizona Department of Economic Security (DES).

13 Expand Existing Services

Recommendations

Build the Family of Transportation Services available to older adults and transportation-limited populations by expanding the following programs across the county:

- Mileage Reimbursement (currently in Mesa and Scottsdale).
- Taxi Voucher Program (Cab Connections in Scottsdale).
- Peer/Group Travel Training (Community Forum and Valley Metro/Regional Public Transportation Authority).
- Neighborhood Circulators/Community Buses (Tempe, Ahwatukee).
- Flex Route Bus Routes currently operating in Avondale, Tolleson, Litchfield Park, Goodyear, Phoenix and Fountain Hills.

Rationale

Expansion of all of these programs will increase the alternative transportation options available to older adults. The programs exist and have been tested in terms of efficiency and effectiveness in other communities.

Expansion of mileage reimbursement:

- Automobiles are a preferred mode of transportation and Dial-A-Ride is limited because of cross jurisdictional boundary issues—a Maricopa County region-wide reimbursement program will open up more opportunities for older adults to remain mobile, as well as open up more economical support for some Maricopa-based businesses.

Expansion for Neighborhood Circulators/Community Bus:

- Research conducted by the Community Forum and others indicates that older adults are reluctant to use transit systems because of walking distances to bus stops and safety/security issues (both perceived and real). These concerns are addressed by small bus systems that go close to where people live and link with transit routes. Systems of this type have been tested in Europe and in the United States. The cost falls between that of Dial-A-Ride and regular fixed route transit which constitutes a savings if people switch from door-to-door Dial-A-Ride. Ultimately, these systems allow independent travel for older adults and others in the neighborhood.

Roadblocks

Finding the funding sources to support the expansion of the programs.

- For the Reimbursement program there can be difficulty finding and maintaining volunteer drivers (a driver databank may need to be created similar to the one for the Riverside TRIP program).
- Educating older adults about the availability of the programs and how to access them.
- Raising the level of requirements for cab drivers—background checks, drug testing, etc.

Resources

Needed: Funding, a network of staff members from each city or region who are sensitive to the needs of older adults and disabled adults, and equipment and infrastructure.

Available: Potential funding from interested cities and towns to subsidize for the reimbursement/cab vouchers, special transportation grants, and possibly lottery funds.

Responsibility

Local jurisdictions, Maricopa County, and Maricopa Association of Governments (MAG).

14 New Options

Recommendations

Develop new transportation options by piloting an Independent Transportation Network (ITN) program in a community that is interested in being a demonstration site, and piloting a Senior Van Pool Program.

Rationale

Both programs will provide another option available in the Family of Transportation Services outside of the traditional public transit models.

ITN is a model program that has been working effectively in another region for over six years. Key features include:

- A 24/7 door-to-door service.
- Use of an innovative funding mechanism.
- Utilizes an established software technology for billing and GIS-based system for dispatching.
- Economic sustainabilty through user fees and public/private support, the ability to bank trips over the long term, customer choice in trip type and payment methods, local merchant participation, and providing service which replicates the comfort and convenience of the private automobile.
- Involves local businesses in supporting the service.

Roadblocks

- Finding a pilot site with the right characteristics to successfully implement the program.
- Not confusing ITN with a traditional social service program or a "silver bullet solution" for all older adults. The program is based on a public/private partnership—the very infirm or very low-income are not the primary target audience for this type of service. ITN should be one option of the Family of Transportation Services available to the wide array of older adults living in any community.

Resources

Needed: For ITN, the total amount and type of resources needed will need to be defined after a site assessment is conducted and a program implementation plan is developed.

Available: Potential Maricopa Association of Governments (MAG) federal transportation funds and technical assistance from ITN in Portland, Maine.

Responsibility

For ITN: Property Owners and Residents Association of Sun City West (PORA) and/or another interested community.

Senior Van Pools: Valley Metro/Regional Public Transportation Authority and the Coordinated Transportation Consortium.

15 Private Sector Involvement

Recommendations

Promote private sector involvement in providing alternative transportation options to older adults and other special needs populations. Tax incentives could help subsidize trips to stores, help provide vehicles to augment a specialized transportation service, or provide employer-run van pools and other projects.

Rationale

Decrease the reliance on public funding for special transportation services.
- Create marketing opportunities for the private sector.
- Ultimately, contribute to building the Family of Transportation Services available to older adults and other transportation-dependent groups.

Roadblocks

- Economic downturns often prevent the private sector from participating in these types of community projects.
- Gaining buy-in from businesses on how they can play a part and benefit from providing some assistance.
- Difficulty in passing legislation related to tax breaks.

Resources

Needed: Staff and a lead organization to work with the private sector and draft legislation if needed.

Responsibility

The Transportation Consortium.

16 Transit Amenities

Recommendations

Increase transit use through improved amenities at transportation facilities to include, but are not limited to: shade, restrooms at transfer points, bike lockers/storage facilities, Park & Rides, water fountains, benches, increased security and optimal stop locations.

Rationale

- Make transit more attractive, user-friendly and functional.
- Increase safety.
- More older adults and special need populations will use transit.

Roadblocks

- Funding for the improvements, continuing operating costs, and staff time.
- Reluctance on the part of the providers.
- May increase transient population at transportation facilities.

Resources

Needed: Funding, space, equipment, etc.

Available: Potential funding from local jurisdictions, transit agencies, and Maricopa County.

Responsibility

The Transportation Consortium; key entities including local jurisdictions, Valley Metro/Regional Public Transportation Authority, Maricopa County, and Maricopa Association of Governments (MAG).

17 Expand Peer Travel Training

Recommendations

Expand or replicate the existing Peer Travel Training Program. This should include increasing the volunteer core/mentors by utilizing the religious community and civic groups like Neighbors Who Care in Sun Lakes, Rotary and Lions Clubs, etc., and community service incentives.

Rationale

- Make alternatives to driving more accessible and user-friendly to seniors.
- Educate more people about the complex issues around aging and mobility.
- Make transit more user-friendly to those who may never have utilized it before.

Roadblocks

- Funding and training the volunteer mentors, and staffing needs.
- Publicizing the program.

Resources

Needed: Funding, possibly additional staff to recruit and train volunteer mentors.

Available: A successful program exists at the Community Forum, a potential large pool of volunteers to tap from religious institutions.

Responsibility

The Community Forum, Valley Metro/Regional Public Transportation Authority, Care Giver Support Groups, Maricopa Department of Transportation, Arizona Ecumenical Council, VIP, Beatitudes DOAR Program, and other religious organizations, Neighbors Who Care, Inc., and civic groups.

18 Funding

Recommendations

Encourage legislation which supports funding for transportation coordination efforts.

Rationale

- Older adults and other special need populations' transportation needs are not getting met—and will only get worse in the coming years.
- Lack of mobility leads to other very costly problems—could save long-term health care costs.

Roadblocks

- Legislative support.
- Determining eligibility qualifications.
- Lack of awareness about the importance of this issue.

Resources

Needed: A team to draft the bill and find a sponsor.

Available: The aging/transportation provider network who can help garner support for the bill.

Responsibility

The Transportation Consortium; key entities including the Arizona Transit Association, Arizona Association of Retired Persons (AARP), the Area Agency on Aging, and transit agencies.
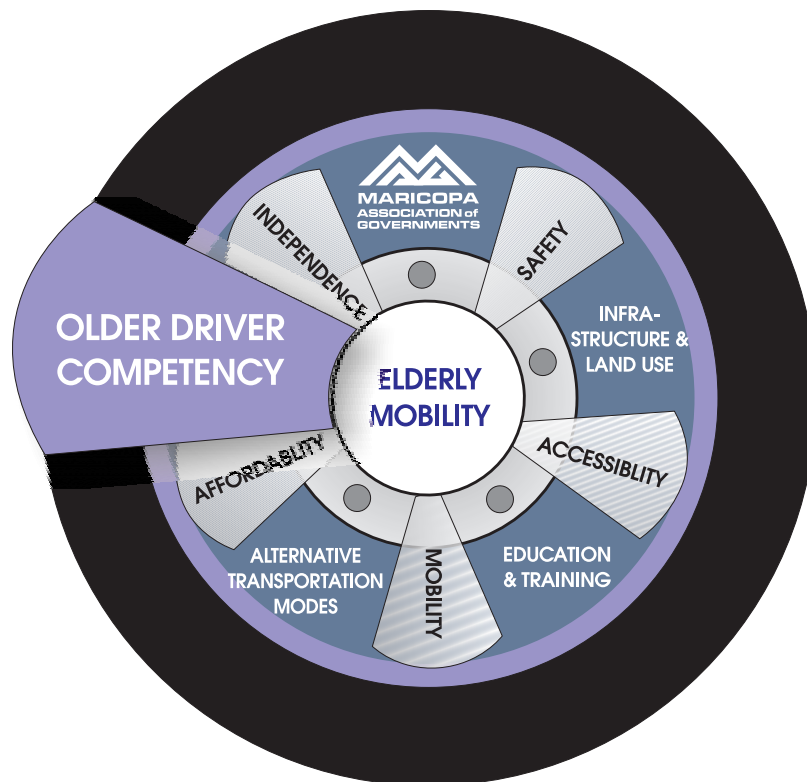
Recommendations #19-20

The recommendations in this section promote a *public health approach* to improving older driver competency. There is great hesitancy among drivers to talk about how the aging process is affecting their driving skills for fear of losing their primary means of independence–"their license to drive." There is a need to change the public perception of this problem to one that is focused on fitness and ability as opposed to strictly age-based concerns. Given this, the older driver competency recommendations call for a *Fitness to Drive Campaign,* the development of a driver screening program, and improving the data collection and analysis of aging driver information. The recommendations also promote community-based organizations and local jurisdictions getting involved in developing *voluntary* driver assessment programs utilizing existing seniors centers and intergenerational programs.

19 Driver Screening and Retraining

Recommendations

Develop and implement a Pilot Driver Screening Battery Study. After completion of the study, implement Cognitive/Physical Testing Centers across the Valley.

The Study would:
- Utilize the research from the Maryland Motor Vehicle Division model program and other local and national expertise in the creation of the battery.
- Utilize current resources such as the five certified driving specialist programs in the state, existing testing equipment of the Arizona Motor Vehicle Division (MVD).
- Include Arizona MVD as a major partner.
- Identify the pilot sites and who will administer the battery.
- Target any "at-risk" driving population—drivers of all ages.
- Is a voluntary program.

The Testing Center would utilize geriatric physicians to conduct competency and physical testing for older drivers, as well as link them with organizations who provide behind-the-wheel testing.

Other key elements include:
- Providing training for professionals at the centers.
- Certifications for those doing the competency testing.
- Accreditation of the centers to ensure quality and consistency of care.
- A data collection and evaluation component.

Rationale

- As the baby boomer population in the Valley ages, there will be a greater need for sound driving assessments and interventions.
- The ultimate benefit will be to increase driver and road safety.
- Increase identification of high risk drivers and link them to remediation or an appropriate support service.
- Involve the medical community in a more proactive way.
- Raise the awareness of the general public about the need to begin to check one's driving fitness throughout the aging process.
- Maryland MVD has already successfully implemented a screening program.

Roadblocks

- Resistance from drivers—don't see their driving as a problem and/or fear license could be revoked.
- Possible resistance from advocacy groups and seniors.
- Would be a radical change in what is perceived as a right rather than a privilege.
- Significant costs which will include some payment by the person being evaluated.
- Will need to address how to subsidize the cost for the low-income person.

Resources

Needed: Funding, staff, pilot sites, significant coordination effort among partnering organizations.

Available: Certified driving rehabilitation specialists in the Valley, technical assistance from Dr. Robert Raleigh, Maryland MVD and other national and local experts in the field

such as Dr. Jim McKnight and Dr. Pam Willson. Also available is a base of interested physicians through the Arizona Geriatrics Society.

Responsibility   A consortium of provider agencies, including the Arizona Department of Transportation (ADOT) Motor Vehicle Division (MVD), Medical Review Program (would function as lead agency), Arizona Geriatrics Society, Certified Driving Specialists in the Valley, Arizona Association of Retired Persons (AARP), geriatric physicians, law enforcement, insurance industry, Arizona Department of Aging, Arizona State University (ASU) gerontology program, the Area Agency on Aging, Governor's Council on Aging, health care associations, interested legislators, including Representative Gleason and Senator Cirrillo.

20 Data Collection, Analysis and Dissemination

Recommendations

Improve the data collection, analysis, and dissemination of older driver information. Arizona Department of Transportation (ADOT)/Motor Vehicle Division (MVD) needs to improve the statistical information available on senior drivers, such as the number of older driver crashes, type of crashes, violations, injuries, licenses granted and revoked, and also to possibly isolate factors like location, demographics, and persons with repeated incidences.

Other key elements include:
- The data needs to be accessible and available in a user-friendly format.
- Work with insurance companies to share their crash data.
- All the recommendations in the Regional Action Plan that are implemented should have a data/outcome measure component.

Rationale

Currently there is a lack of statistical information about older driver accidents and violations.
- Fill data gaps.
- Increase accountability of the screening program and any other recommendation in the Regional Plan that is implemented.

Roadblocks

- Program and data costs.
- Data input inaccuracies and accuracy in the analysis of the data.
- Difficulty to maintain consistency of data collection across areas.
- Reluctance of insurance companies to share data.

Resources

Needed: Funding, staff, and computer software.

Available: Recent ADOT/MVD request to change the manual data collection system to a computer-based system and data from Dr. Betty Gale's longitudinal study.

Responsibility

ADOT/MVD, Arizona State University (ASU)/local colleges, insurance companies, and any new testing centers that are developed.
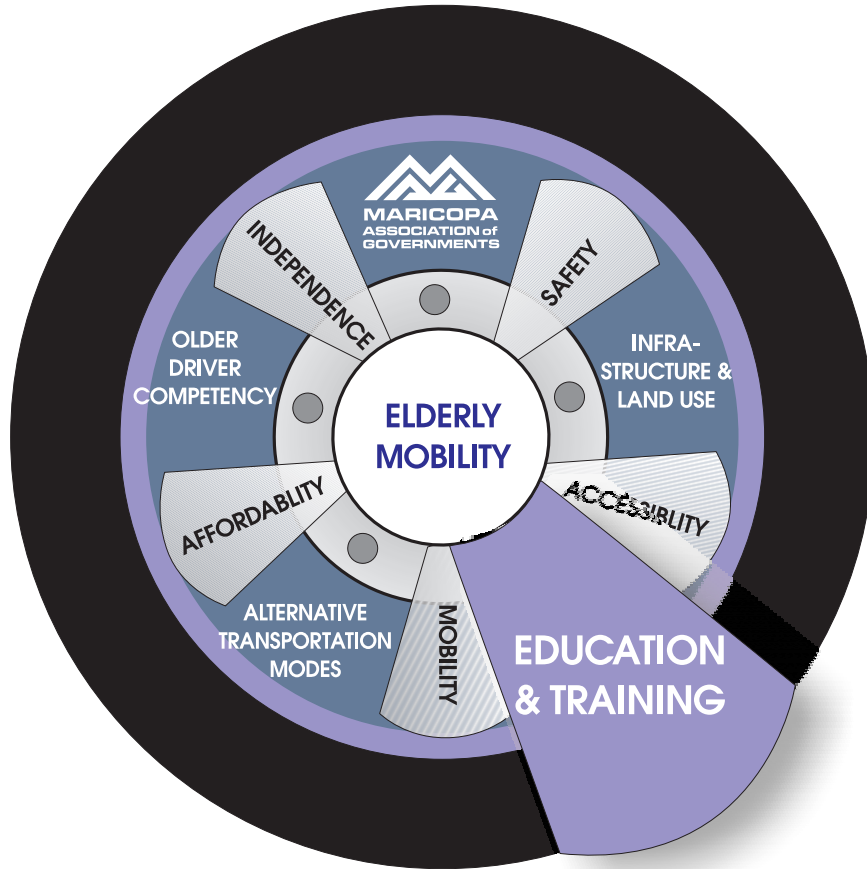
Recommendations #21-25

Raising public awareness and offering new opportunities for driver retraining, education and mobility management are the cornerstones of the Education and Training recommendations. These recommendations include a comprehensive Driver Intervention Program; a regional public awareness campaign; training to professional groups who interact with seniors; centralized information on aging and mobility resources; and advocating for a mandatory insurance discount for completion of the Arizona Association of Retired Persons (AARP) 55-Alive Course.

21 Training

Recommendations

Create a Driver Intervention Program (modeled off of "Getting in Gear" in Tampa, Florida) that is centrally located and also available in satellite branch offices in East/West Valley cities.

The program will have five major components:
- Assessment.
- Education.
  – Older driver education to partner with Arizona Association of Retired Persons (AARP).
  – Public education.
- Retraining (behind-the-wheel).
- Mobility Management (counseling and peer travel training).
- Linkage to Case Management Services—already available through the Area Agency on Aging.

Rationale

- Improve driver capabilities, increase safety on the roads, and ultimately save lives.
- No program this comprehensive exists currently in the Valley.
- Proven model in the Tampa Bay region.
- Effective screening instruments have already been researched and implemented effectively.

Roadblocks

- Referral process may be difficult.
- Gaining consumer buy-in and acceptance to test their driving skills (may not see it as needed or fear license will be revoked if they participate).
- Cost to develop and operate the program.
- Will require significant linkages with different agencies/systems for it to be effective (i.e., health professionals, social service community, etc.).
- Finding experienced staff.

Resources

Needed: Funding staff. Estimated initial cost to set up a pilot program is approximately $250,000.

Available: Potential local and national grant funding; possible technical assistance from the "Getting in Gear" Program in Tampa Bay.

Responsibility

A consortium of provider agencies including the Area Agency on Aging (would function as lead agency), Arizona Association of Retired Persons (AARP), Arizona State University (ASU), the Community Forum, Arizona Motor Vehicle Division (MVD), driver specialist representative, Valley Metro/Regional Public Transportation Authority, and others as identified.

22 Public Awareness

Recommendations

Develop a Regional Public Awareness/Education Campaign which adopts a fitness-to-drive or wellness approach. The campaign would include the following:

- Transportation Web site.
- A "family of publications" for use by multiple groups and target groups such as drivers, concerned family members, health care and law enforcement professionals.
- "Red Flag" assessment cards for professionals.
- Speakers Bureau.
- Public Service Announcements (PSAs).
- Print media feature articles.
- Ads at bus stops.
- Involvement of retirement communities and local businesses.
- Media involvement/PR firm.

Rationale

Need to equip older adults, baby boomers, and concerned family members with the knowledge and skills they need to drive safely and to utilize the alternative transportation options and other supports available in their community. In addition, this recommendation will:

- Clarify misconceptions about the issue.
- Diminish stereotyping of the older driver; place more focus on driving ability rather than age.
- Help link people with resources to help improve driving skills and/or use alternative transportation modes.
- Use of the Internet will help reach a wider audience.
- Foster increased independence of seniors.
- Involve the media and insurance companies in a more positive way.
- The Web site will serve as a comprehensive clearinghouse of aging and transportation related information for both users and practitioners.

Roadblocks

- Funding and time to develop the materials in a consistent manner.
- Keeping the information current.
- Difficulty getting free PSA time during daytime viewing hours.
- Will require extensive collaboration.
- Avoiding negative spin from press; keeping the message on fitness/wellness consistent in all the materials/publications.
- Will require high level of collaboration and partnership among stakeholder organizations.

Resources

Needed: Funding, staff to keep Web site and publications updated, costs of publications, extensive partnerships, volunteers for Speakers Bureau, donated air time for PSAs (radio and television), etc.

Available: Current publications already developed, possible student project, resources of Older Adults Still in Service (OASIS)/Senior University, technical assistance from Arizona State University (ASU) and Maricopa Community Colleges, possible National Traffic Safety Adminstration (NTSA) funding for local social marketing campaign, possible grants from the U.S. Department of Health, and donated time for PSAs.

Responsibility

A steering committee of a multitude of organizations will be needed, such as Arizona Association of Retired Persons (AARP), media involvement, PR firm, the Area Agency on Aging, Maricopa Association of Governments (MAG), OASIS, ASU Wellness Program/Gerontology Department, Arizona Motor Vehicle Division, the Community Forum, Valley Metro/Regional Public Transportation Authority, corporate support, American Automobile Association, NTSA, Department of Health, health care associations, and others as identified.

23 Professional Training

Recommendations

Develop and implement Education/Sensitivity Training on senior mobility issues to the following professional communities: health care, insurance companies, city traffic engineers, law enforcement (Department of Public Safety and city fire emergency personnel through Arizona Peace Officers Standards Training and ongoing in-service training), court personnel, transit drivers/personnel, Motor Vehicle Department personnel, aging services personnel.

Create an ongoing education mechanism to Health Care Professionals by making mobility education a part of the continuing education programs (for physicians, gerontologists, psychologists, social workers, nurses, and physical/occupational therapists).

Rationale

Raise the level of awareness and skill of the front line professional who have direct contact with older adults on a daily basis. This recommendation will also:
- Increase overall safety and linkage to services.
- Diminish stereotyping of the older driver and clarify misconceptions about the issue.
- Involve stakeholder groups in a more positive and proactive way.

Roadblocks

- Physician buy-in—due to time constraints and attitude of "not my responsibility," fear of losing patients, not knowing how to talk about the issue with patients/family members.
- Finding trainers who are knowledgeable in both the aging and mobility fields.
- Making sure to customize each training for the particular discipline (a training survey is needed).
- May be difficult to coordinate and to gain participation from the targeted professional association. Need to get top-level buy-in.
- Time and resource needs of current training programs required for law enforcement and health care professionals.

Resources

Needed: Development of contacts in each discipline, funding, trainers, curriculum development and approval, costs associated with the development of training materials.

Available: Existing disability awareness training for professionals conducted by the Community Forum, existing local and national experts, audio and video conferencing capabilities, on-line instruction.

Responsibility

Partnership among credentialing organizations for continuing education credits including Arizona State Univeristy and other local colleges/universities, Arizona Geriatric Society, Arizona Medical Association, American Physicians Inc., Arizona Peace Officers Standards Training (AZPOST)/Arizona Law Enforcement Officer Advisory Council, Arizona Department of Public Safety, Governor's Office of Highway Safety, the Community Forum, insurance companies, the Area Agency on Aging, ITE/MAG committees, local jurisdictions, and other professional associations.

24 Access to Transportation Information

Recommendations

Publicize and utilize the Senior Help Line as the resource for aging and mobility information covering the following areas: remediation, training and education opportunities for drivers, alternative transportation options available, linkage with transportation Web site with MAP Blast feature to help tell user the best way to get from Point A to Point B.

Rationale

Older adults and concerned family members need a single point of contact to discuss their transportation questions and concerns. Other benefits include:

- Cost savings given the hotline exists and is in operation.
- Available 24 hours a day through a known agency.
- Offers a live person with whom to talk.
- Current transportation information is available but dispersed.

Roadblocks

- More exposure and marketing needed.
- May need additional staffing and operating dollars if demand increased.
- Not that many transportation options available yet.
- Training for staff.

Resources

Needed: 0-1 additional staff for existing helpline.

Available: Senior help line already funded and operating; linkage with Community Information and Referral, including their Disability Helpline.

Responsibility

The Area Agency on Aging would function as lead agency in partnership with an advisory committee to continually assess inventory and effectiveness.

25 Advocacy

Recommendations

Advocate for mandatory insurance discounts for seniors who complete the Arizona Association of Retired Persons (AARP) 55-Alive Course.

Rationale

Currently approximately 14 Arizona insurance companies out of 120 offer a 10 percent insurance discount for individuals who complete the AARP Mature Driver Education Program (formally named 55-Alive).[23] Such discounts promote positive incentives for individuals to brush up on their driving and traffic safety skills.

Other benefits will include:
- Increased safety on the roads.
- Already mandated in 36 other states.
- Proven program with beneficial results.
- Similar discount provided to teenagers if they complete a drivers education course.

Roadblocks

- Lack of buy-in from current insurance lobby.
- Legislative action will be needed.
- Lack of awareness of the insurance companies who provide discounts.
- May cause an increased demand for classes that exceeds current volunteer capacity.

Resources

Needed: Publicize, promote and partner with the 14 insurance companies that currently give the discount; volunteers and advocates would be needed to push the legislation through the political process.

Available: Volunteers from AARP's Legislative Committee, Arizona's Silver-Haired Legislature.

Responsibility

Arizona AARP (would function as lead agency), Arizona Silver-Haired Legislature, the Area Agency on Aging, Governor's Advisory Council on Aging, National Association of Retired Federal Employees, American Automobile Association (AAA), Insurance Information Association, aging service providers, Property Owners and Residents Association of Sun City West.

ENDNOTES

1. "Aging Into the 21st Century," Administration on Aging, www.aoa.dhhs.gov/aoa/sats/aging21.html.

2. Arizona Department of Economic Security, Feb. 1997, U.S. Bureau of the Census, April 2000.

3. "65+ in the United States," U.S. Bureau of the Census, National Institute on Aging, Current Population Reports, Special Studies, pp. 23-190, April 1996.

4. Ken Dychtwald, Ph.d, *Age Power*, p. 112.

5. Ibid., p. 118.

6. Alzheimer's Association, "The Facts," and "Statistics/Prevalence," http://www.alz.org/facts/index.htm.

7. *Age Power*, pp. 119-120.

8. E. Hing and B. Bloom, National Center for Health Statistics, Series 13, No. 104, Long-Term Care for the Functionally Dependent Elderly, Vital and Health Statistics (Hyatsville, MD: Public Health Service, 1990).

9. "Projections of the 65+ Population of the State: 1995-2005," Administration on Aging, http://www.aoa.dhhs.gov/aoa/stats/statesto2125.html.

10. Federal Highway Administration (FHWA)-HEP-99-006 p.14.

11. Arizona Alzheimer's Association.

12. Burkhardt, Berger, Creedon and McGavock. "Mobility and Independence: Changes and Challenges for Older Drivers."

13. Dr. Sandi Rosenbloom, Drachman Institute, University of Arizona, "Prepared for Transportation in An Aging Society; Decade of Experience Conference," November 1999. To be published in the forthcoming TRB SR 218 Update: "Transportation in An Aging Society-Improving Mobility and Safety for Older Persons."

14. Arizona Department of Economic Security, Feb. 1997, US Bureau of the Census, April 2000.

15. "Elder Transit Facts: Improving Travel for the Elderly," Federal Highway Administration, November, 1994. Original data is from the 1990 Nationwide Personal Transportation Survey (NPTS).

16. Fatal Analysis Report System (FARS), 1997 Report.

17. The Disaster Center's Motor Vehicle Death and Injury Index; 1997, www.disastercenter.com/traffic, http://www.isds.bus.lsu.edu/lhsc95/trdr97/n/N2.htm.

18. Burkhardt, Berger, Creedon and McGavock, "Mobility and Independence: Changes and Challenges for Older Drivers," p. 4.

19. AAA Association Communication, Stock 2717, www.aaa.com.

20. Staplin, Lococo and Byington, 1998.

21. Report, Insurance Information Association, 1993.

WestGroup Research

2001 MAG Senior Mobility Study

❖ Self-Administered Survey Results
❖ Public Forum Summary
❖ Focus Group Report

Prepared For:

Maricopa Association of Governments

2001 MAG Senior Mobility Study

Self- Administered Survey Results

Prepared For:

Maricopa Association of Governments

Table of Contents

WestGroup Research

Executive Summary

As part of a larger research contract on elderly mobility, the Maricopa Association of Governments established a contract with WestGroup Research to design a questionnaire that could be distributed to seniors at a variety of locations across the Valley. MAG staff distributed the surveys and WestGroup entered and analyzed the responses. Surveys were available in English and Spanish. A total of 230 completed surveys were received.

Transportation Problems

➢ Nearly one-third (31%) of respondents say transportation or getting around is a problem for them.

➢ Respondents are most likely to say they do or would rely on public transit (44%) and/or senior transportation services (42%) to get around when they no longer drive.

New Transportation Services

➢ Nearly seven in eight (87%) survey respondents feel new transportation services are needed for the their community.

➢ Two in five (41%) respondents think additional and/or better bus services are needed. Approximately one in five (22%) respondents think there needs to be a source of transportation to destinations for entertainment, shopping and the library among other places. More shuttle vans or taxis (15%), transportation to medical appointments (12%), and better dial-a-ride services (12%) are also frequently mentioned as needed services.

Level of Knowledge of Transportation Alternatives

➢ Two-thirds (65%) of seniors who chose to fill out the survey feel they are at least somewhat informed about the transportation alternatives available in their community (21% "very" informed + 44% "somewhat").

Seeking Transportation Assistance

➢ Nearly one-half (49%) of respondents indicate they would seek information or education from a senior center and/or the AARP. Approximately one third say they would look to the Area Agency on Aging (37%) and/or the AAA (32%).

➢ Respondents are most likely to say they would go to a doctor for an assessment and evaluation (31%).

WestGroup Research

➤ When asked where they would turn for rehabilitation and retraining, 44% of survey participants indicate they would see an occupational therapist.

Ensuring Safe Driving

➤ Three in five (62%) respondents feel training seniors on how to compensate for limitations such as decreasing eyesight and increased reaction time is the most helpful way to ensure safe driving by older adults. Close to half (45%) of participants like the idea of 'graduated licenses' with varying degrees of limitations.

➤ Respondents are most likely to select larger and better-illuminated traffic signs as being the most beneficial action for seniors (61%). Approximately two in five perceive dedicated lanes (41%) and turn signals and reflective signals and road age markings (37%) to be beneficial.

➤ The three actions perceived most often as beneficial for seniors who walk or ride bikes are highly visible crosswalks and safer intersections (53%), changing the timing of traffic signals to allow more time for "WALK" cycle (47%), and adding sensors to extend "WALK" cycle when pedestrians are presents (40%).

Amenities within Walking Distance

➤ At least one-half of survey respondents say they live within walking distance of a grocery store (57%) and/or a recreation or activity area (50%). Approximately two in five respondents (42%) indicate they can walk to a park

Alternative Transportation Options

➤ Nearly three in five (58%) respondents think neighborhood shuttle buses are one of the top two alternatives that would be *most* beneficial to seniors. Personalized subscription transportation services using vans (32%) and transportation specialists that provide "one-call-does-it-all" information (29%) round out the top three transportation options.

WestGroup Research

I.   Introduction

A.   Background and Methodology

As part of a larger research contract on elderly mobility, the Maricopa Association of Governments established a contract with WestGroup research to design a questionnaire that could be distributed to seniors at a variety of locations across the Valley. The questionnaire continued with the overall project focus of transportation concerns and suggested solutions for the safe travel of elderly residents in Maricopa County. MAG staff distributed the surveys and WestGroup entered and analyzed the responses. Surveys were available in English and Spanish. A total of 230 completed surveys were received. This document provides a narrative analysis of the responses to the questionnaire. Cross tabulations are provided in some copies of the report.

B.   Demographics

A majority of survey participants are female (69%). Three in four respondents still drive without limitations (76%). The largest proportion of respondent are ages 60 to 74 (45%). Those who reported their average household income were most likely to report it as between $25K and $49,999 (33%) and between $50K and $74,999.   Slightly more than three in five (62%) respondents live alone. Two in five survey respondents say they provide transportation for an elderly friend or relative (19%).

Table 1: Respondent Demographics

Characteristic	Total (n=230)	Characteristic	Total (n=230)
Gender		**Household Composition**	
Male	31%	Live alone	62%
Female	69%	Live with others	36%
		Live in assisted living facility	2%
Current Driving Status			
Still driving w/out limits.	76%		
Limited driving	4%	**Provides transportation for**	19%
No longer drive	20%	**elderly friend or relative**	
Income		**Age**	
<$15,000	15%	40 to 54	14%
$15 to $24,999	13%	55 to 59	14%
$25 to $49,999	33%	60 to 74	45%
$50 to $74,999	22%	75 to 84	23%
$75 to $99,999	9%	85 or older	4%
$100,000 or more	8%		

WestGroup Research

II.   Summary of Findings

A.   Transportation Problems

Nearly one-third (31%) of respondents say transportation or getting around is a problem for them. This is particularly true for seniors who do not drive at all (67%), those who live alone (42%), and those who have an annual household income of less than $50K (44%).

Respondents are most likely to say they do or would rely on public transit (44%) and/or senior transportation services (42%) to get around when they no longer drive. Friends and family members are the next most relied upon sources of transportation (36% and 30%, respectively). Two in seven (28%) say they walk or plan to walk.

Table 2: Transit Options

Responses	Total (n=230)	Driving Status	
		Driving/ Lmtd Drvg (n=171ng/	Not Driving (n=43)
Transportation is a problem	**31%** (n=236)	**20%** (n=175)	**67%** (n=44)
Alternative Transit options			
Public transit	44%	47%	34%
Senior transp. services	42	43	39
Friends	36	39	27
Family members	30	31	25
Walk	28	29	25
Taxis	17	18	9
24-7 Bus service	2	2	4
Other	2	4	11

1: Is transportation or getting around a problem for you? 2: Which of the following alternatives would you rely on most if you were to stop driving? OR, Which do you rely on most often if you currently do not drive?

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B.   New Transportation Services

Nearly seven in eight (87%) survey respondents feel new transportation services are needed for the their community. This is particularly true among seniors who still drive (90**%). Two in five (41%) respondents think additional and/or better bus services are needed.** More buses and more frequent service are most often mentioned as a needed bus improvement (17%). Seniors and those age 60 or older are significantly more likely to mention some type of bus service (45% vs. 24% of caregivers and 50% vs. 26% of younger respondents). **Approximately one in five (22%) respondents think there needs to be a source of transportation to destinations for entertainment, shopping and the library among other places.** More shuttle vans or taxis (15%), transportation to medical appointments (12%), and better dial-a-ride services (12%) are also frequently mentioned as needed services.

Table 3: New Transportation Services

Responses	Total (n=230)	Driving/ Lmtd Drvg (n=171)	Not Driving (n=43)
New transp. services needed	87%	90%	69%
Services needed	(n=174)	(n=133)	(n=27)
NET BUS	**41%**	**39%**	**44%**
More buses/more frequent	17	16	7
Better local service/circulatory buses	7	9	-
More major bus routes	6	4	11
Inner city bus service	5	5	4
Local routes tie into major routes	5	5	7
24-7 Bus service	3	3	4
More reliable buses	2	2	-
More/closer bus stops	2	2	-
Weekend service	2	1	7
More accessible/more lifts	2	1	7
Provide transportation to entertainment/shopping/library, etc.	22	23	15
More shuttle vans/taxis	15	16	18
Provide transportation to medical appointments	12	14	4
Better dial-a-ride service	12	14	4
Better public transportation (general)	9	9	7
Light rail/street cars	5	5	4
Lower cost	4	4	-
Door to door service (for the impaired)	3	3	-
More bikeways/paths	1	2	-
Other	8	8	11

3: Are new transportation services for seniors needed in your community?
IF YES: 4: What services do you think are needed?

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C.   Level of Knowledge of Transportation Alternatives

Two-thirds (65%) of seniors who chose to fill out the survey feel they are at least somewhat informed about the transportation alternatives available in their community **(21% "very" informed + 44% "somewhat"). Those with an average household income of under $50K are significantly more likely than those earning more to indicate they are "somewhat" informed about transportation options (48% vs. 33%). Older respondents are also more likely to feel they are "somewhat" informed (40% vs. 25% of those under 60).**

Informed about Transportation Alternatives

How informed would you say you are about transportation alternatives in your community?

Somewhat 44%

Very 21%

Not at all 14%

Not very 21%
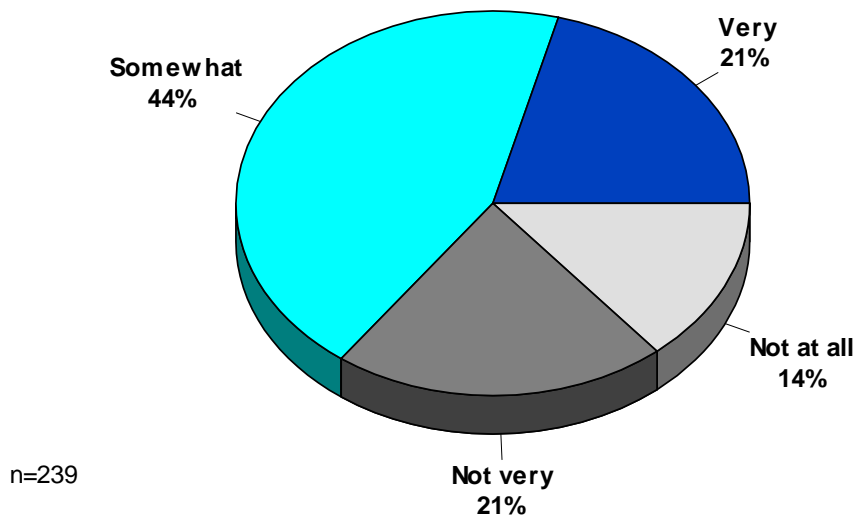
n=239

Table 4: Informed Seniors

Responses	Total (n=239)	Income		Age	
		<$50K (n=95)	$50K+ (n=61)	<60 (n=61)	60+ (n=158)
Very + Somewhat	**65%**	**75%**	**61%**	**46%**	**58%**
Very informed	21	27	28	21	18
Somewhat informed	44	48	33	25	40
Not very informed	21	19	21	54	23
Not informed	14	5	18	20	18

5: How informed would you say you are about transportation alternatives available in your community?

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D.   Seeking Transportation Assistance

Nearly one-half (49%) of respondents indicate they would seek information or education from a senior center and/or the AARP. Approximately one third say they would look to the Area Agency on Aging (37%) and/or the AAA (32%). **Respondents are most likely to say they would go to a doctor for an assessment and evaluation (31%).** When asked where they would turn for rehabilitation and retraining, 44% of survey participants indicate they would see an occupational therapist.

Table 5: Seeking Transportation Assistance

Responses	Info. & Education	Assessment &Evaluation	Retraining & Rehabilit.
Senior Center	**49%**	19%	18%
AARP	**49**	18	21
Area Agency on Aging	37	16	17
AAA	32	10	10
Police Department	22	13	4
Doctor's Office	22	**31**	22
MVD	18	16	10
Driving School	15	12	17
Auto Insurer	15	14	9
Occupational Therapist	13	14	**44**

6-8: lease check the box that indicates the type of assistance you would seek, and which organization you would go to get that assistance. Please be sure to check the box in the appropriate row and column on the grid to indicate your answer.

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E.   **Ensuring Safe Driving**

1.   Individualized Help

Three in five (62%) respondents feel training seniors on how to compensate for limitations such as decreasing eyesight and increased reaction time is the most helpful way to ensure safe driving by older adults. Those who are still driving are especially likely to feel this way (65% vs. 47% of those who no longer drive). **Close to half (45%) of participants like the idea of 'graduated licenses' with varying degrees of limitations.** Caregivers and those who still drive are more likely to like this option (60% and 49%, respectively).

Nearly one-third (32%) prefer the idea of using simulators to help seniors recognize possible impairments. Women are significantly more likely than men to feel simulators are the most helpful way to ensure safety (38% vs. 23%). **Approximately one in four feel self-assessment tools that allow older adults to evaluate their own driving abilities would help older drivers to be safe** (27%). Self-assessment tools appeal to men more than women (39% vs. 24). Finally, **fewer than one in five (18%) feel modifying vehicles to better meet the needs of older drivers would be an effective option.**

Measures to Ensure Safety

Which of the following do you think would be most helpful to ensure safe driving by older adults?
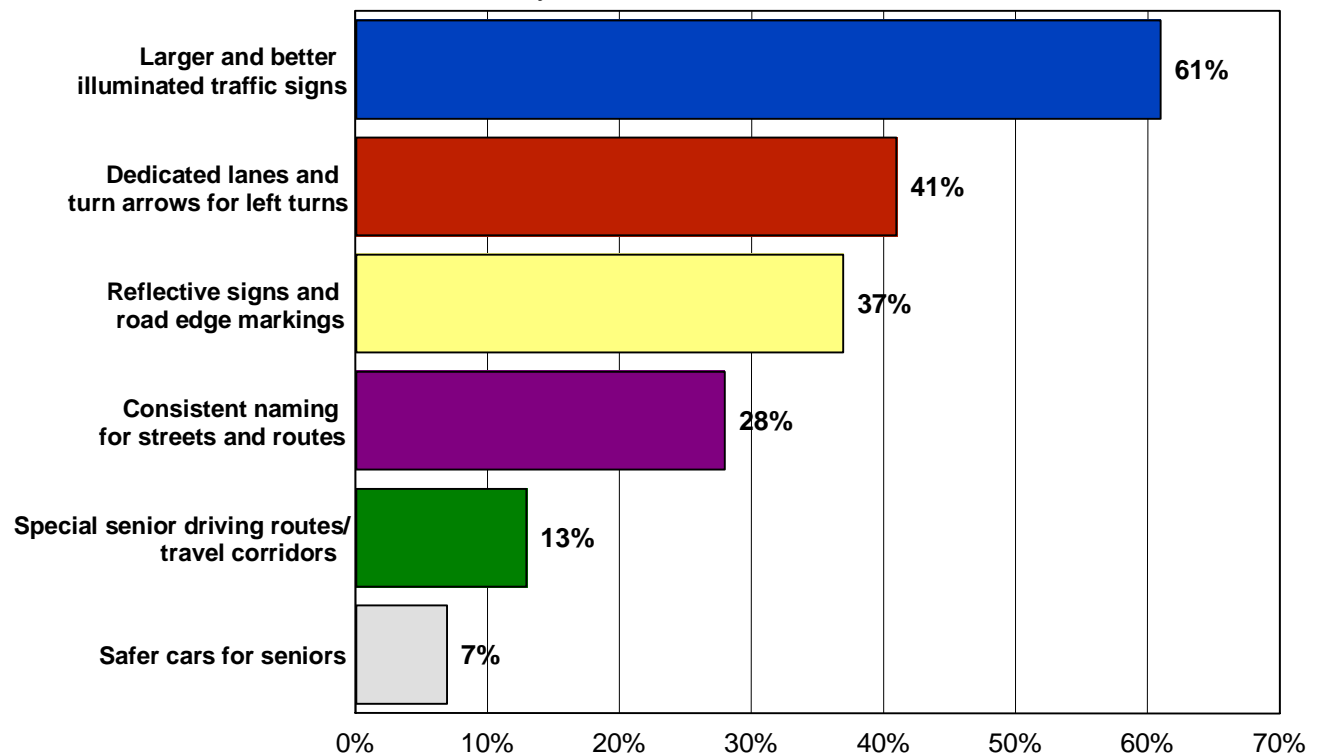

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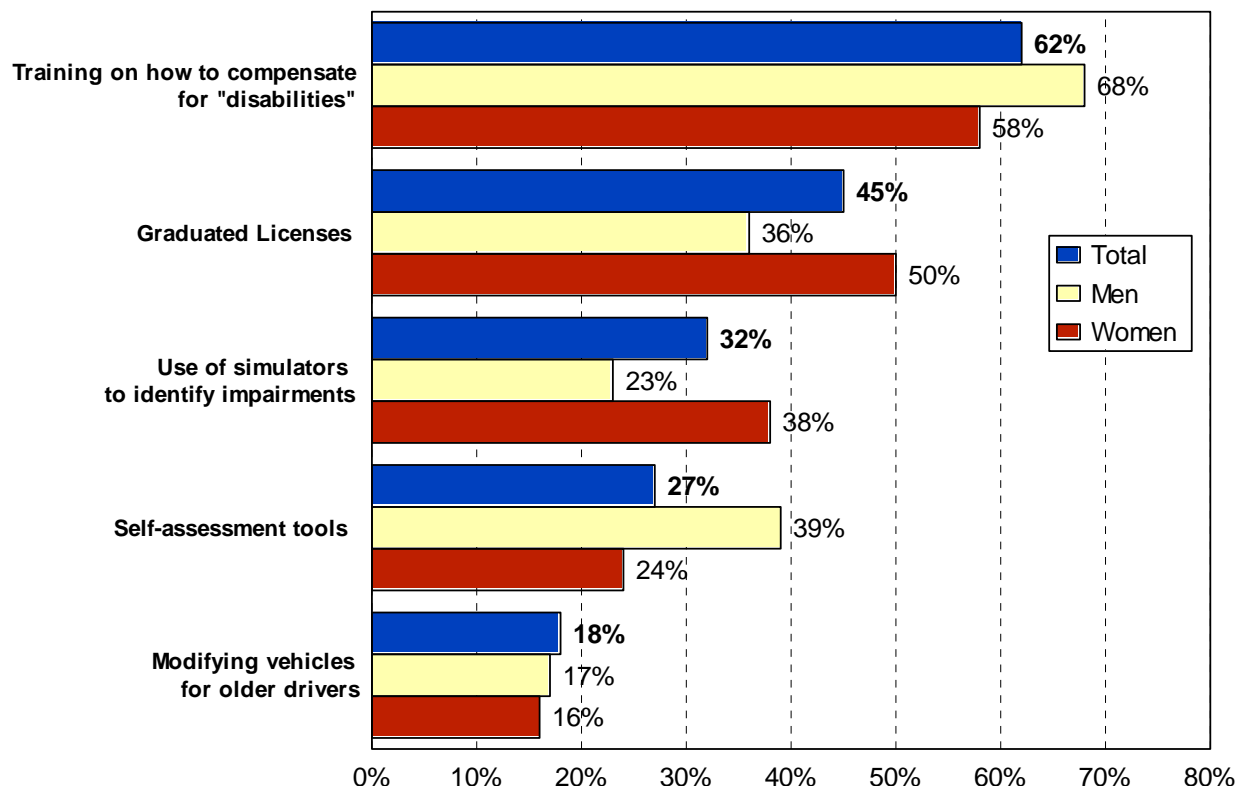
2.   Auto and Highway Improvements

Respondents are most likely to select larger and better-illuminated traffic signs as being the most beneficial action for seniors (61%). Approximately two in five perceive dedicated lanes (41%) and turn signals and reflective signals and road edge markings (37%) to be beneficial. Survey participants are least likely to find driving routes and travel corridors for seniors (13%) and safer cars (7%) as beneficial to seniors.

Most Beneficial Actions
for Automobiles and Highways

Following is a list of actions that relate to the automobile and highway. Which TWO actions do you think would be most beneficial to seniors?

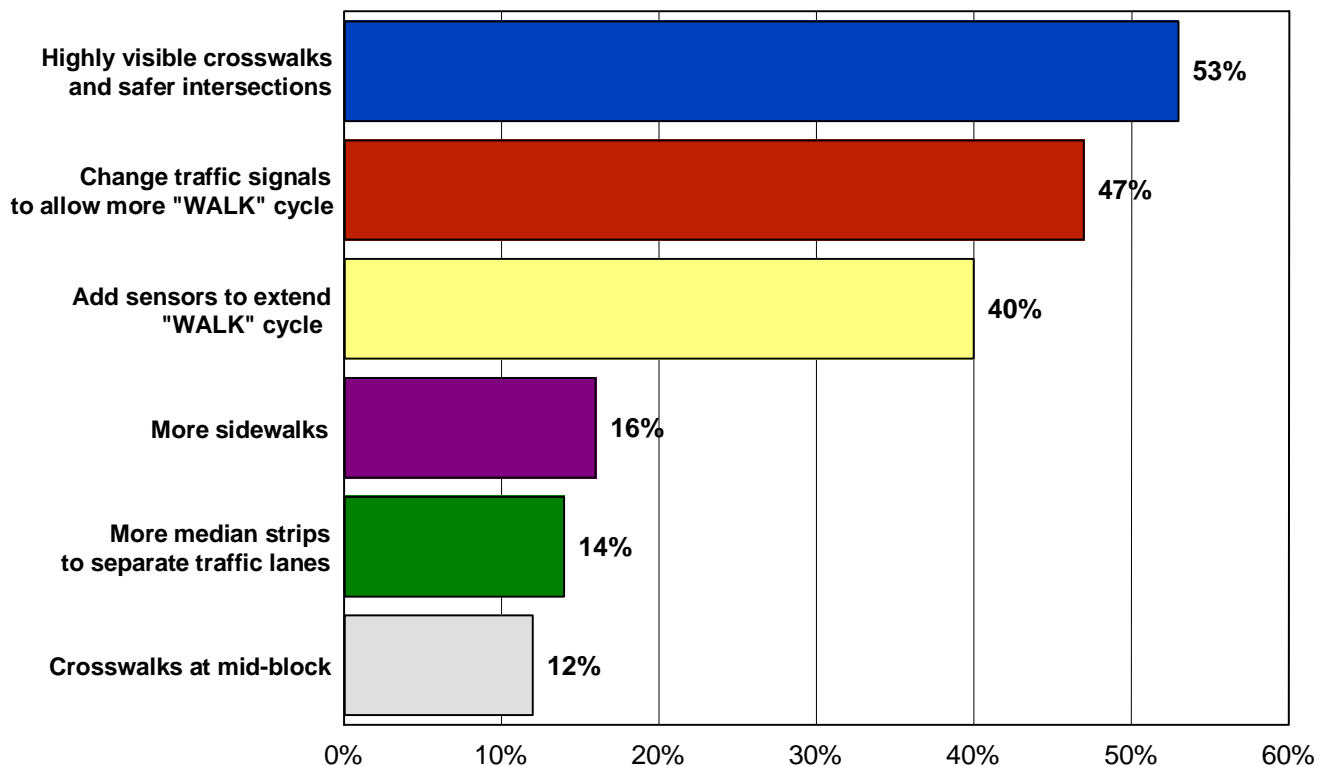| Action	Percentage
Larger and better illuminated traffic signs	61%
Dedicated lanes and turn arrows for left turns	41%
Reflective signs and road edge markings	37%
Consistent naming for streets and routes	28%
Special senior driving routes/travel corridors	13%
Safer cars for seniors	7%

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3.   *Pedestrians and Bicyclists*

The three actions perceived most often as beneficial for seniors who walk or ride bikes are highly visible crosswalks and safer intersections (53%), changing the timing of traffic signals to allow more time for "WALK" cycle (47%), and adding sensors to extend "WALK" cycle when pedestrians are present (40%). Caregivers, respondents who do not live alone, and those who still drive are most likely to feel high visible cross walks and safer intersections would be the most beneficial to seniors (68%, 61% and 60%, respectively).

Most Beneficial Actions
for Pedestrians and Bicyclists

Following is a list of actions that relate to the pedestians and bicyclists.
Which TWO actions do you think would be most beneficial to seniors?

| Action	Percentage
Highly visible crosswalks and safer intersections	53%
Change traffic signals to allow more "WALK" cycle	47%
Add sensors to extend "WALK" cycle	40%
More sidewalks	16%
More median strips to separate traffic lanes	14%
Crosswalks at mid-block	12%

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F.   Amenities within Walking Distance

At least one-half of survey respondents say they live within walking distance of a grocery store (57%) and/or a recreation or activity area (50%). Respondents under 60 years old are more likely than older respondents to report living near a grocery store (68% vs. 51%). Women are significantly more likely than men to say they live within walking distance of recreation areas (57% vs. 40%). **Approximately two in five respondents (42%) indicate they can walk to a park.**

Live Within Walking Distance

Which of the following destinations are close enough for you to walk to?
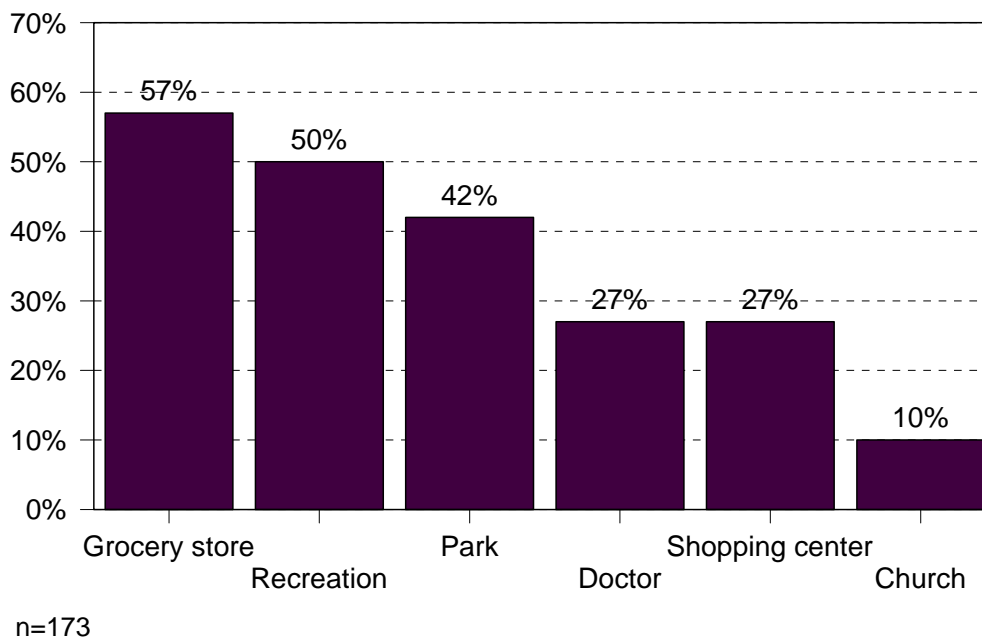
n=173

G.   Alternative Transportation Options

Nearly three in five (58%) respondents think neighborhood shuttle buses are one of the top two alternatives that would be *most* beneficial to seniors. Personalized subscription transportation services using vans (32%) and transportation specialists that provide "one-call-does-it-all" information (29%) round out the top three transportation options.   Respondents age 59 and younger are significantly more likely than older respondents to feel transportation specialists would be most beneficial to seniors (44% vs. 23%, respectively). **Approximately one in five (22%) participants felt taxi vouchers would be beneficial.** The concept of taxi vouchers was more popular among those who live alone (30% vs. 18% of those who do not) and those with an annual household income of less than $50K (32% vs. 14% of those earning more). Respondents were least intrigued by the ideas of personalized transportation services using private automobiles and escorts to familiarize and show seniors how to use public transportation (10% and 9%, respectively). Women most strongly supported the idea of a service using a private car (13% vs. 4% of men).

Table 6: Most Beneficial Alternative Transportation Options

Responses	Total (n=223)	<60 (n=62)	60+ (n=149)
Neighborhood shuttle bus	58%	52%	61%
Personalized subscription transp. services using vans	32	34	32
Transportation specialists that provide "one-call-does-it-all" information	29	44	23
Taxi vouchers	22	29	18
Special kits on how to use public transportation, map routes, free passes	18	10	23
Personalized transp. services using private automobiles	10	10	9
Escorts to familiarize and show seniors how to use public transportation	9	8	10

13: Following is a list of actions that relate to alternative transportation. Which TWO alternatives do you think would be most beneficial to seniors? (Two responses allowed)

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2001 MAG Senior Mobility Study

Public Forum Summary

Prepared For:

Maricopa Association of Governments

Overview of Suggested Solutions

As part of a larger research contract on elderly mobility, the Maricopa Association of Governments established a contract with Kathryn DeBoer of WestGroup research to facilitate three public forums on senior mobility issues. The forums were held at Burton Barr Central Library (April 30), Johnson Social Hall in Sun City West (May 1) and the Mesa Senior Center (May 3).

Listed below are highlights from the many solutions suggested by forum attendees.

➢ **General Mobility Solutions**

❖ Regularly scheduled bus pick-ups to frequently requested locations (malls, airport, post office, shopping centers, senior centers, recreation areas, etc.)
❖ Local service that provides connections major bus routes that will take them to major locations.
❖ Smaller buses, local vans, or golf carts that bring people to desired locations in the neighborhood.
❖ More bus stops
❖ Mid-bus stop drops offs
❖ More routes and more frequent service on existing routes
❖ Sheltered stops with benches (and misters)
❖ Neighborhood terminals that provide access to public transit to a variety of locations
❖ Coordinate and facilitate a regional paratransit system that would allow seniors to call a central dispatch and have a ride arranged to get anywhere in the city they needed to go.
❖ Allow Dial-a-ride to cross boundaries, or make it easier to transfer between systems
❖ Allow seniors to call ahead a day or two to schedule pick-ups
❖ Coordinate Dial-a-ride with the bus system
❖ Posted "Ride Board" that would allow seniors who drive help those who cannot

➢ **Infrastructure/Land Use**

❖ More left turn signals
❖ Increased walk signals for pedestrians
❖ Increased bike paths, particularly in Sun City
❖ Smoother sidewalk construction and maintenance; better curbs
❖ Wider sidewalks
❖ Make signs more recognizable and easier to read (e.g., through colors, print size, larger signs prior to the actual street)
❖ Wider stripes on the road
❖ More crosswalks
❖ Blinking/toned crosswalks with extended times in areas where seniors congregate
❖ Median stops for pedestrians enabling them to look for traffic one direction at a time
❖ More stop signs and dedicated lanes for golf carts in Sun City
❖ Special parking spots for seniors

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❖   Shuttles in very large parking lots

➢   **Education and Training**

❖   Information about transportation options distributed through voter information, utility bills, welcome wagon, senior apartments, etc.

❖   Regional "hot line" to help seniors get where they need to go.

❖   Information on nearby fixed route service, how to ride the bus, and how to read the guides. Perhaps even transit classes. Tailor the information to a specific area, not region wide.

❖   Peer-to-peer training programs

❖   Increased publicity of AARP's *55 Alive* program

❖   General information about options besides Dial-a-ride

❖   Sensitivity training for dispatchers and drivers about the needs of the elderly population.

I.   Introduction

A.   Background

As part of a larger research contract on elderly mobility, the Maricopa Association of Governments established a contract with Kathryn DeBoer of WestGroup research to facilitate three public forums on senior mobility issues. The forums were held at Burton Barr Central Library (April 30), Johnson Social Hall in Sun City West (May 1) and the Mesa Senior Center (May 3). This document provides a narrative summary analysis of the public comments made at the three forums. A list of specific comments is provided as an attachment.

The forums began with an overview of the elderly mobility project and its objectives and then continued with the facilitator receiving comments from attendees for a period of about one hour. Attendees were encouraged to focus on their ideas for solutions, rather that simply listing problems and challenges.

There are four general areas of focus that have been discussed as part of the total research project – General mobility, Land use, Education/training, and Driver competency. This report will look at the public comments in the context of these four areas.

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II.   Summary of Findings

A.   General Mobility

Not surprisingly, this topic received the majority of the attention in the public forums. Seniors and caregivers were very anxious to discuss their challenges as well as their ideas for solutions that would help the elderly get around the county better. The report will look at comments about fixed-route service and variable route/paratransit services separately.

1.   *Fixed Route Challenges and Solutions*

The fixed route system was used by many of the participants with varying levels of success. **The biggest frustrations were the inability to get where they need to go, long waits for buses to arrive and inadequate/complete lack of service in some areas.** Seniors do not like being captive, and many appeared to be willing to use fixed route service for simple trips such as trips to the mall, the airport, and various entertainment/recreational venues. However, the problems listed earlier prevent most from using fixed route service for these purposes.

As mentioned earlier, **there are many places the seniors would like to have access to, and they feel that fixed route service should be able to help out, but current service does not help**. Some suggested solutions included:

The physical limitations of the seniors make it difficult for them to get to bus stops, identify buses, wait for any extended length of time, feel safe while waiting, and then walk to their destination. The suggested solutions for this problem were as follows:

> ➢ More bus stops
> ➢ Mid-bus stop drops offs
> ➢ More routes and more frequent service on existing routes
> ➢ Sheltered stops with benches (and misters)
> ➢ Larger bus stop signs with larger numbers for the visually impaired
> ➢ Better lighting at stops
> ➢ Neighborhood terminals that provide access to public transit to a variety of locations

Most attendees agreed that the current level of fixed route service is inadequate. This sentiment was strongly expressed by Sun City residents. They would love to have some fixed routes that would take them to Arrowhead Mall as well as into downtown for various cultural/recreational events. Mesa seniors use the system as it exists, but are frustrated by the limits it places on their mobility. **Not surprisingly, the primary solution to this problem is expanded service as well as better service on weekends and evenings**.

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2.   Variable Route Challenges and Solutions

Many seniors, particularly those in Mesa, were particularly critical of the paratransit services in the Valley, especially Dial-a-ride. Many told stories of being left waiting for hours and hours, feeling "abandoned" at different locations, not being able to get to their destinations because they were "out of range", and being treated rudely by drivers and customer service personnel. Others simply bemoaned the lack of paratransit options available to residents. There are many seniors who cannot use public transit and/or there are many trips that cannot be easily accomplished via fixed route service.

Several solutions were suggested:

> ➢ Coordinate and facilitate a regional paratransit system that would allow seniors to call a central dispatch and have a ride arranged to get anywhere in the city they needed to go.
> ➢ Allow Dial-a-ride to cross boundaries, or make it easier to transfer between systems
> ➢ Allow seniors to call ahead a day or two to schedule pick-ups
> ➢ Coordinate Dial-a-ride with the bus system
> ➢ Driver sensitivity training/Dispatcher training
> ➢ Improve SCAT (Sun City Area Transport) services to cover a wider area, coordinated across communities, possible door-to-door service
> ➢ Taxi service for more personalized service
> ➢ Coordination of volunteer efforts for helping seniors get around, such as peer travel and training programs.
> ➢ Scottsdale Cab Connection, Caring Corp, and Enabling Transportation are examples of "good" solutions.
> ➢ Posted "Ride Board" that would allow seniors who drive help those who cannot
> ➢ Coordinated carpools/vanpools to common locations (doctors, malls, grocery stores)

3.   Miscellaneous Concerns

In general, the attendees talked about the problem seniors have with being isolated and unable to get to the most routine of destinations. Currently, many seniors rely on friends, neighbors and family to take them places. They were strong advocates for any improvements that would allow the elderly to get these destinations without a lot of hassle or worry. They felt it was sad and a travesty that so many seniors cannot get out and "have a life."

A few attendees discussed the option of light rail. Most did not feel it was worth discussing for current problems because it will not happen in their lifetime. Others did not feel that light rail would do much for seniors in general, except get them to major downtown events. It would not help with the everyday transportation needs.

Walking is often not seen as a very viable option because of the physical limitations of the seniors or the distances to desired destinations.

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B.   Infrastructure/Land Use

Several issues related to infrastructure and land use were briefly addressed.

1.   Traffic Control

The comments regarding traffic control came primarily from seniors who were still able to drive around. **They expressed fear and concern about driving around the Valley.** They feel intimidated by other drivers, but also confused and frustrated by the lack of conformity between cities. Several suggestions were offered:

> ➢ Bring conformity throughout the Valley in terms of left-turn signals (before or after flow-through traffic
> ➢ More left turn signals
> ➢ Day-glow stripes on traffic signs
> ➢ Increased walk signals for pedestrians
> ➢ Better monitoring and controlling of speed on streets and freeways

2.   Street Design

Seniors had many suggestions for ways to help them drive more safely around the Valley as well as ways to make it safer for those who are trying to get around by walking, biking, and/or scooters

> ➢ Increased bike paths, particularly in Sun City
> ➢ Smoother sidewalk construction and maintenance; better curbs
> ➢ Wider sidewalks
> ➢ Make signs more recognizable and easier to read (e.g., through colors, print size, larger signs prior to the actual street)
> ➢ Consistent street names across cities and within developments
> ➢ More stop signs in Sun City
> ➢ Wider stripes on the road
> ➢ More crosswalks
> ➢ Blinking/toned crosswalks with extended times in areas where seniors congregate
> ➢ Median stops for pedestrians enabling them to look for traffic one direction at a time
> ➢ Dedicated lanes for golf carts in Sun City

3.   Parking

A few attendees indicated they would like to see special parking spots for seniors, similar to what is available for the disabled. Shuttles in very large parking lots also were suggested to help seniors get from bus stops or parking spots into the main destination.

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C.　　Education and Training

Attendees did not talk a lot about the need for more education and or training as much as they did about the need for more information. They were looking for more information about paratransit options available, fixed route service in general, how to ride the bus, etc. – basically more information about what to do when they cannot drive any longer.

There were many suggestions as to the type of information they would find useful:

> ➢ TV/radio announcements about optimal times to travel without a lot of traffic
> ➢ Information about transportation options distributed through voter information, utility bills, welcome wagon, senior apartments, etc.
> ➢ Regional "hot line" to help seniors get where they need to go.
> ➢ Information on nearby fixed route service, how to ride the bus, and how to read the guides. Perhaps even transit classes. Tailor the information to a specific area, not region wide.
> ➢ Peer-to-peer training programs
> ➢ Increased publicity of AARP's *55 Alive* program
> ➢ General information about options besides Dial-a-ride
> ➢ Sensitivity training for dispatchers and drivers about the needs of the elderly population.

D.　　Driver Competency

This issue did not come up much in the forums. Only a few people indicated a need for increased testing for seniors to make sure they are driving safely.

2001 MAG Senior Mobility Study

Focus Group Report

Prepared For:

Maricopa Association of Governments

Table of Contents

WestGroup Research

Executive Summary

Maricopa Association of Governments (MAG) is actively working on an Elderly Mobility project to evaluate the transportation needs of seniors and caregivers. As part of this effort, MAG commissioned WestGroup Research to conduct four focus groups to provide insights into concerns as well as potential transportation and education solutions. One group was held with each of the following populations – seniors ages 65 to 75, Boomers ages 45 to 55, Caregivers, and agency representatives

General Mobility Issues

➢ Boomers prefer to use a car to get around town while seniors would prefer to use alternative resources (e.g., bus or other paratransit services), but feel they have to drive because access to alternative resources is not readily available.

➢ Seniors in need of a caregiver are those who are most limited in their ability to get around town.

➢ Seniors felt that their biggest transportation issues are heavy traffic, rude drivers, a sparse bus system, and uneven sidewalks.

➢ Traffic congestion is the problem that most Boomers name; some foresee health problems limiting their driving abilities in the future.

➢ Caregivers feel their biggest problem is getting those they care for in and out of vehicles. They rely on a team of secondary caregivers to help in transporting their loved ones to various appointments and places.

➢ Agency representatives feel there are not enough public transportation options available for seniors, and those options available are not coordinated enough to maximize their benefits.

➢ Riding the bus does not look like "fun", and appears "complicated," especially to Boomers. More shade and benches are needed at bus stops.

➢ The current public transit system does not meet the needs of the elderly or disabled very well. Smaller buses, more direct or door-to-door service, neighborhood circulators, a transportation hotline, and group transit solutions were a few of the ideas offered that might help to improve the current system.

Land Use

➢ Safety and proximity to retail stores are the main benefits Seniors and Boomers see in their neighborhoods; heavy traffic, few bus stops, and not enough stores are the main complaints.

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➢ Although a few would like to live within walking distance of things and say they would likely move to a senior community when they get older, others do not want stores and services any closer to their home. They do not want the associated congestion, noise and safety concerns that come with living in densely populated areas.

➢ Walking is mostly limited to exercise purposes for seniors; some go to the mall to walk, but very few walk to get to stores or to go to appointments, even if they live nearby.

➢ Streets could be improved for seniors by ensuring smoother, wider sidewalks with good lighting. Others suggested benches and longer crosswalk lights.

➢ Bus stops could be improved by adding covers, misters, and benches.

➢ Increasing population density is another suggestion that some have for helping seniors to live closer to city amenities.

Driver Competency

➢ Group members feel the term "older driver" holds a negative, scary connotation.

➢ Boomers and some seniors said they will simply "monitor" themselves and will make adjustments to their driving habits as necessary.

➢ Family members and friends of seniors who are no longer capable of driving safely find it very difficult to help their loved one make the transition away from driving.

➢ Seniors and Boomers say they feel they would most want their family or doctor to tell them when they can no longer drive anymore.

➢ Periodic assessments of driving skills for seniors beginning at about age 70 to 75 was considered to be a favorable idea by many participants. There was some resistance, however, by those fearing discriminatory practices and excessive costs for seniors.

➢ While many of the seniors and caregivers noted that they have used the services of Dial-a-ride and Reserve-a-ride, use of delivery services appears to be less common. Reactions to Dial-a-ride and Reserve-a-ride were mixed, but more participants were likely to complain about long waits.

Education and Training

➢ "55 Alive" is the most well-known driver education program available for seniors.

➢ Television and newspapers are considered the best way to inform seniors about driver safety and alternative transportation options; some say information should be made available at doctor's offices, too.

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➢ Approximately half of the seniors have Internet access; Boomers are more likely than older seniors to use the Internet.

➢ There was strong agreement from group members that there does need to be a centralized senior transportation resource center in the Valley.

Conclusions

➢ Knowledge of transportation alternatives was severely lacking among seniors, Boomers and caregivers. Most feel their option is limited to the goodwill of family members and friends. Dial-a-ride, Reserve-a-ride, and buses are perceived to be too unreliable or inconvenient to be used consistently. Boomers and some seniors hope public transit will improve enough to be useful when they need it, but they are skeptical.

➢ Agency representatives, obviously, are more aware of transportation alternatives for seniors, but they readily confirm the lack of awareness among seniors. These participants have worked hard to fill in the transportation gaps for seniors, but would like to see a coordinated effort that would be more comprehensive and efficient.

➢ It was difficult for participants to "put their arms around" the concept of more liveable communities for seniors, mainly because they could not see themselves moving to such a place. However, suggestions included – wider and smoother sidewalks, more and wider bike paths, more street lights, more benches and shade, neighborhood circulators and longer lights at cross-walks.

➢ Education for seniors and caregivers is welcomed and valued, but few are aware of information sources.

➢ There was a clearly expressed need for safe-driver evaluations for seniors, but this is obviously a "touchy" subject for all. It is unlikely that evaluation methods will be welcomed by all, but the rationale behind the methods is understood.

➢ Increased transportation alternatives and information resources, awareness of these services, and knowledge of how to access and use them are the most critical issues for improving the safe mobility of the elderly.

I.   Introduction

A.   Background and Methodology

Maricopa Association of Governments (MAG) is actively working on an Elderly Mobility project to evaluate the transportation needs of seniors and caregivers. As part of this effort, MAG commissioned WestGroup Research to conduct four focus groups with key subgroups to provide insights into concerns as well as potential transportation and education solutions.

Four focus groups were held for this study, each recruited to represent a different viewpoint of seniors and mobility issues for seniors. The make-up of the four groups was as follows:

Group	Date and Time	Participant Type	# Members
Group 1	3-21-01, 6 p.m.	Caregivers	11
Group 2	3-21-01, 8 p.m.	Boomers	10
Group 3	3-22-01, 12 noon	Seniors	10
Group 4	3-22-01, 6 p.m.	Agency Representatives	9

All four of the groups were held at WestGroup Research in Phoenix, Arizona and were moderated by Kathryn DeBoer, Vice President of WestGroup Research.

The following report analyzes the discussions of all four focus groups. Differences in opinions or viewpoints by participant type are discussed where appropriate. Verbatim comments are inserted into the body of the report to give the reader a "flavor" of the actual discussions. Transcripts of the four focus groups are included in the appendix of the report.

B.   Demographics

As noted above, 40 participants attended the four focus groups. Slightly more than half of the group members were female (24) and most were Caucasian (24). The Boomers recruited were between the ages of 45 and 55; the Seniors were aged 65 to 75. Although the ages of the Caregivers was not recorded, the ages of those they care for was (ranged from 65 to 91). Some of the agencies represented include Reserve-a-ride, Sun Cities Interfaith, AARP, and the City of Avondale. Table 1 on the following page breaks down some of the demographic characteristics of some of the participants.

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Table 1: Respondent Demographics

Characteristic	# Participants (n=40)
Gender	
Male	16
Female	24
Age (Boomers, Seniors only)	
45-49	5
50-59	5
60-69	1
70-79	8
Ethnicity (Boomers, Seniors, Caregivers only)	
Caucasian	24
Black	4
Hispanic	2
Native American	1

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II.   General Mobility Issues

A.   Getting Around

Many of the senior participants, especially Baby Boomer age seniors, indicated they use a car to get around town. Many drive all over the Valley and beyond to visit friends and family, go shopping, or go to medical appointments. Boomers are particularly likely to drive at least 20 miles a day. A few have tried the bus and have found it lacking. Others are able to use it quite effectively. Dial-a-ride and Reserve-a-ride are two other alternatives that transit dependent seniors rely upon, but most rely primarily on family members and friends.

> *I go out every day. I use both a car and the bus. I would like to take the bus more often, but they don't have that many buses out here, especially when I go to the Diamondback games. They used to have a bus in Park Central for the game, but they discontinued that, which made me mad. My travel distance is probably 20 miles a day at least. (Senior)*
>
> *I just took eight ladies to the Renaissance because they wanted to do something and I enjoy doing things like that with them. (Caregiver)*
>
> *I travel far. The Shea Home developments are way far out and I work east of Apache Junction and south past Ryan Road, so I travel the freeways and far away. I have a little Honda Accord that gets good gas mileage and gets me around well. (Boomer)*
>
> *I take my mom to her doctor's appointments and I have to keep her focused and keep up on her medications... I also take her to her hairdresser and shopping. (Caregiver)*
>
> *I drive almost every day. I'm still very active. I drive all the way to Mesa once a week to play bridge. (Senior)*
>
> *I drive about 2,100 miles a month, at least, going all over the state. I also think transportation around here could be better. I try not to drive during rush hour so I can drive in the carpool lane during the off times. (Boomer)*

Seniors in need of a caregiver are those who are most limited in their ability to get around town. Caregivers often rely on a small group of people to assist in transferring them in and out of vehicles and to transport them to various destinations. Some of these seniors are limited to getting out approximately once or twice a week simply because it is physically difficult to transport them in and out of vehicles. Participants in the senior's group who did not drive were also dependent on others, consequently they are "stranded" or "isolated" until someone is available to help them. Boomers, on the other hand, do not have many limitations in their ability to get around. Only a small few are starting to notice the effects of their aging on their mobility.

> *Primarily only when there is a doctors appointment, and I try and arrange them for Saturdays or for the end of the day. My aunt likes to stay home and is not interested in activities or being with other people. I've arranged a companion for her, who is her own*

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age, to come over twice a week to be with her. She loves this and tells me all about her visits with her companion. (Caregiver)

I have to depend on neighbors to take me places since I do not drive. I used to drive, but I had a stroke. My neighbors don't always go where I need to go, maybe just to the grocery store and that's it. I only get out about once a week. (Senior)

I have osteoarthritis in my knee and severe fibromyalgia, and so my neighbor drives me around in my car a lot because the severity of my knee is getting to where it needs to be operated on. Last year I enjoyed calling Dial-a-ride and having them pick me up... It helped my knee out quite a bit. (Boomer)

Getting them out of the house once a week and taking them on a drive does a lot for them. (Caregiver)

I have to ask someone to take me. (Senior)

We have a team of four who provide transportation. If someone on the team can't do it, then they call someone else who can. (Caregiver)

I take care of a variety of people so it varies. If I can't do it, then I will find someone else to help. (Caregiver)

I generally travel about five miles around my home. I like to shop in the area around my home, and I have friends near my house. On weekends we are all over the city. I like to go down into the city of Phoenix for different cultural events they have down there. (Boomer)

B.   Most Difficult Transportation Issues

Each of the different focus group participants had very different ideas as to what the most difficult transportation issues are for seniors in the Valley. **Seniors felt that their biggest transportation issues are heavy traffic, rude drivers, a sparse bus system, and uneven sidewalks.** When facing these problems some seniors simply do not go out. Others will drive their own car during off-peak hours or will get a neighbor to take them where they need to go. Taxis and Dial-a-ride are other occasionally tapped services that seniors can depend on.

My wife takes the bus every day because she doesn't drive and she still works. The closest bus is one mile away from our house, so I drive her there. They don't have enough bus systems here. I have seen very rude bus drivers who have actually closed the door on people. I think that is disgraceful. There are some very nice bus drivers, though. (Senior)

I think the traffic and the bus stops. I always say to my husband, "Don't these people work?" There is so much traffic. (Senior)

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And discourteous drivers in traffic who think that they're invincible. They're very rude. (Senior)

I like to get out every day, but I can't because there aren't enough buses. (Senior)

The sidewalks are bad here. I live right in the middle of Phoenix and sometimes the streets are smoother and better than the sidewalks. (Senior)

I wait for someone to take me. If I feel the store is too far or the sidewalks are too bad, I just wait for a ride. (Senior)

I still feel comfortable driving at any time of the day and so does my wife, so we just go whenever the need arises. (Senior)

The most difficult transportation problem that Boomers foresee in their future is increased traffic congestion. They do not see a better public transit system put in place in their lifetime. Only a few mentioned that their own physical limitations may hinder their mobility in the future. Children, friends, neighbors, and Dial-a-ride are options that Boomers think they will turn to if they become physically incapacitated.

Getting them built. It took forever to get the freeway system we have now. To get any type of mass transit, I imagine it would take forever. (Boomer)

It's getting as bad as Los Angeles here. (Boomer)

I think electric cars will be here real soon and there will probably be some type of automatic car where you don't even have to touch the wheel. (Boomer)

I think we all have to think about a time when we might not be able to drive, whether or not we have a car. We might not be able to see right or we might be incapacitated in some way and we will have to depend on something else. It's not something I like to think about, but I think it's a possibility for all of us in the future. (Boomer)

I have no clue (what I'll do when I can't drive anymore). Maybe call my kids. A lot of the older folks who are on the road shouldn't be on the road. They should be in a bus being taken somewhere, I think. There is a lot of danger on the roads. (Boomer)

If you take away the circumstances of a loving family, though, and put us alone with no one to depend on but ourselves, it's an entirely different picture. I'm fortunate too, but there are a lot of people who do not have these options and they have to depend on Dial-a-ride or the bus system. (Boomer)

It was difficult to take the "care" out of the caregiver, consequently when asked about the biggest transportation challenges, they discussed care issues more than transportation issues. **Getting**

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seniors in and out of vehicles is the biggest challenge that caregivers have in transporting elderly. Many caregivers themselves are somewhat older or have physical limitations that make it difficult for them to help seniors and disabled loved ones get in and out of vehicles. Dial-a-ride is one public service that caregivers utilize to help overcome this problem; however, caregivers feel strongly that there are not enough services available to help transport the elderly.

> *Getting them in and out of the vehicle. (Caregiver)*

> *If the buildings have the access ramps, then that helps. (Caregiver)*

> *My health is bad, my joints are bad, and I have lupus, so I have a hard time physically transporting my mother by myself. It's hard for me to grip her chair. (Caregiver)*

> *My biggest problem is that I can't lift her chair anymore because it's physically too hard on me. (Caregiver)*

> *Not really because if I can't get someone else to commit to that time, then she has to resort to Dial-a-ride and they have caused her to miss many appointments or be late to appointments. (Caregiver)*

> *If I can't take them, they won't go. Sometimes I will suggest a taxi. When my dad went to the doctor's office and needed to get x-rays at the hospital down the street, I was able to call that hospital and they sent a van to come and pick him up because it was a short distance. (Caregiver)*

> *There needs to be another type of transportation for people with physical handicaps that aren't able to handle their own chairs or equipment. When I'm moving my mother in and out of her chair, sometimes it's too much for me and I end up falling. I've called a cab a couple of times and the cab driver told her that he couldn't help her because he has a bad back. What can you do? You can't depend on a cab or Dial-a-ride. (Caregiver)*

Agency representatives from services that provide transportation for seniors were able to list a wide variety of challenges and issues related to the safe mobility of the elderly in Maricopa County. Many of their comments were related to the lack of mass transit in the Valley. **They believe there are simply not enough services to allow seniors a safe and easy trip around the Valley.** Even in areas where there are fairly decent transit services, it is quite often not well coordinated with other services available (e.g., over city borders). Some of the other main issues mentioned include:

➢ Weather extremes.
➢ Fear of seniors in losing independence.
➢ Lack of knowledge of available resources.
➢ Health limitations.
➢ Spaces between towns.
➢ Lack of proper vehicles to transport the disabled.

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There is no mass transit, and people who have lived here any length of time have not grown up with mass transit. It's only those who have come from other locations, and therefore it isn't a way of life as it is in many communities around the world of this size. (Agency Representative)

I think another factor is the extreme weather we have. (Agency Representative)

I also think that we have a lot of people doing transit, but it's not safe because there are no coordinated efforts. If a senior wanted to go from Avondale to Fountain Hills, it would be a disaster; otherwise the senior will get in the car and drive that long distance themselves. (Agency Representative)

I think because of the low density and population of the Valley that there are lots of spaces between places and a lot of our elderly are fearful of that because there are too many gaps for them if they have to walk a distance where there are no people around. (Agency Representative)

We don't have a source for inexpensive transportation. (Agency Representative)

A lot of our clients are wheelchair bound and require high-top services, but sometimes the types of services that are needed for the clients are not available through our providers so you have to cancel the appointment and they have to wait until the right vehicle can be provided to transport them. A lot of our clients are on dialysis, which needs to be done on a routine basis. (Agency Representative)

As much as we all would like to think that people are educated about the resources in the Valley, there is a very basic lack of knowledge of resources, many times on the seniors' part. Much of it comes from isolation, fear, and just the idea of doing something different. They're facing a challenge. (Agency Representative)

In terms of mobility, the people who are cognitively impaired, you will find that sometimes some of the systems that are available don't know how to deal with some of the behaviors that you see with some of those things and so that limits a person's ability to go to locations. (Agency Representative)

C.   Perceptions of Riding the Bus

Riding the bus does not look like a lot of "fun" to many seniors. In fact, it "seems complicated." Waiting in hot weather without any shade or benches is one of the biggest barriers preventing seniors and Boomers from riding the bus. They do not mind having to wait a short time to ride, but have heard that the buses are not very frequent or regular. Knowledge of the bus system itself is quite shallow, overall.

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My experience was fine simply because I only needed one bus to get where I was going. I understand from other people that if you do need to change buses, there can be quite a wait in between each one. (Boomer)

Another thing is that they don't have covers at the bus stop because it gets so hot. (Senior)

I haven't ridden the bus, but I've watched people who ride it and it doesn't look very fun. (Boomer)

I think there could be more bus lines and extended service. (Senior)

I actually like riding the bus if I connect with it right and if I don't have to stand out very long waiting for it. (Boomer)

Many times we're educating them. (Agency Representative)

I've got a friend that goes no more than two miles on the bus and it takes him an hour to get from his house to where he needs to go. He can't physically walk too far, so he has to wait for the bus. The bus system seems complicated. (Boomer)

Our bus stops don't have benches. When I'm standing out there waiting for the bus, I need shade. (Senior)

D.   Meeting the Needs of the Elderly

Most participants feel the current public transit system does not meet the needs of the elderly or disabled very well. Some seniors feel uncomfortable driving, but do so anyway because public transit is not sufficient. Seniors and caregivers are interested in more door-to-door services or neighborhood circulators. Some private agencies have tried to pick up the slack because they have seen the need for transit that better handles those with cognitive impairments and those who are particularly frail, as well as for faster service overall. Seniors tire easily and waiting long times or walking distances can simply be too much for them. Still, these agencies see a need for a centralized agency or office that works to coordinate the efforts of both public and private transportation services to best meet the needs of the elderly.

There are times when I want to go somewhere and there are no buses available so I am forced to take my car. (Senior)

I still drive, but I realize the day may come where I might not be able to drive anymore, and I don't see myself ever moving from where I live now. I'm only one block away from a bus stop, but it's east and west only. If I want to go north or south, I don't know if I would have any transportation at all. (Senior)

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We had a meeting where a suggestion came up that all of the transportation facilitators of Maricopa County need to have a website that can have a telephone number with someone who would take a call from someone who needs transportation and they can pull up on the screen the various transportation agencies that are available when they need a ride. (Agency Representative)

I think there should be a transportation hotline that connects all the transit places together and also a buddy system that is built into that so that when someone calls for the first time, we would have a trained volunteer who would go with them on their first trip and walk them through the process until they feel comfortable with it. (Agency Representative)

Agency representatives were asked to brainstorm some specific solutions that would help to better meet the needs of the elderly. **Smaller buses, a transportation hotline, and group transit solutions were a few of the ideas that were offered that might help to improve the current system.** Also, agency representatives felt that increased population density would help to better focus the areas in which public transit are most needed for the elderly. Private agencies appear somewhat willing to work together with MAG to help form a coordinated transportation system for the senior population.

The physical could be addressed if there were large shelters with air-conditioned places where you could buy a cup of coffee. Something like a grand central station on a mini scale where you can meet some people and talk and feel safe. (Agency Representative)

I really think that from the standpoint of the escort transport and as we see a frailer population, we're going to have to come up with alternative options for family and people, and I know there are some programs where there are incentives if people are willing to use their car and take someone with them if there is anyone needing to go to the same place, and they get reimbursed for that. I really think that might be something that would benefit and help the frailer people and the issues. (Agency Representative)

And as the seniors get older, we need smaller buses and not bigger buses. (Agency Representative)

In Sun City we run into where there is a group of people that need to get to Mayo, and if the county had a bus available every morning to take these people to a long distance place like that, that might be another possible solution. There are groups of people that have to get to the same place. (Agency Representative)

I would be open to that, but I think one of the concerns would be from a liability risk standpoint, and that we all have the same standards that we follow in terms of the training of the drivers, the tie-downs, and all of the things that go along with transportation. (Agency Representative)

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Funding has a lot to do with it, too. Sometimes the city has certain boundaries that they won't let you go past. (Agency Representative)

I would think the city would be open to that idea, but it is a massive job to coordinate services for people going to and from doctors because of the time factor. (Agency Representative)

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III.   Land Use

A.   Neighborhood Strengths and Weaknesses

Safety is the main characteristic seniors say they like about their neighborhood. Their neighbors look out for each other and they have a good block-watch going. Boomers, though, like living in quiet neighborhoods that are close to things. **Heavy traffic, no bus stops, and not enough stores are the main complaints** seniors and Boomers had about their neighborhoods. Despite these complaints, very few felt compelled to move. They might move, though, if crime worsened or if they became so incapacitated that they would be unable to get around in their home or take care of their yard work.

Our neighborhood makes me feel safe. (Senior)

My neighborhood is quiet. (Boomer)

I think eventually we will move to an adult community type deal where you don't have yard work. With my heart failure I have right now, it's hard watching my wife do most of the yard work. Sitting inside the house is driving me crazy, but she won't let me do much now. The other day I extended myself and I felt it later on. (Boomer)

There are sidewalks for me to walk my mom. We didn't have the sidewalks where we lived before. (Caregiver)

Most of the people in my neighborhood have been there for a long time, so we can always depend on each other. (Boomer)

A lot of friends in the neighborhood help an awful lot with meals, transportation, or just coming over to say hello, which is good for them. (Caregiver)

My area is pretty safe. We've been there for over 23 years and there have been no incidences around us. I live in a cul-de-sac and I really like it. (Senior)

Everywhere I really need to go is within about five miles. (Boomer)

The availability and closeness of different stores and services has a varied effect on the choice of neighborhood for these seniors and Boomers. **Although a few would like to live within walking distance of things and say they would likely move to a senior community when they get older, others do not want stores and services any closer to their home**. In fact, some want to move to the country to get away from the heavy traffic and noise that retail stores can bring. Still, others say there are bus stops close by if they need to get to a store.

If I were older and I couldn't get around, I would absolutely move into an area where everything was close to me because I would refuse to be housebound because of where I chose to stay. (Boomer)

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The shopping is convenient where I live and it's far enough out to where you can actually see the desert and hills. That's what I like about it. (Senior)

I agree with what she said because in a lot of those communities I think there are people who can drive for the older people and they try to have a service where they can go out and take the people places where they need to go when they can't drive. (Boomer)

You have to get in the car most everywhere you go around here anyhow, so once you get them in the car, then the challenge is over. Once they're in the car, it doesn't matter whether you're going 2 blocks or 2 miles. (Caregiver)

The only thing that would make me leave my property is if I got physically incapable of taking care of it. I have a large lot and I love greenery and outdoor things. (Boomer)

I don't know that it would affect me because I've been where I'm at for at least 35 years and it was there when I came and now it's gone, so it's the predictability of it that changes. (Boomer)

I think all the shopping we need is close enough to us right now. I wouldn't want it any closer than it is now. I really don't have a desire to move. (Senior)

The only reason that I would be moving would be to move out of the county to get into a smaller town or a smaller area to get away from the traffic. (Senior)

I don't think I would move. I can get into the car and drive wherever I need to go. (Boomer)

B.   Willingness to Walk

Walking is a great form of exercise that many seniors and Boomers try to take advantage of on a regular basis. Walking around the neighborhood is especially nice because they can greet their neighbors and walk their dogs. Some even walk a few block to local stores to get their exercise. But most indicated if they need to go to the store they would be more likely to get in their car so they would not have to carry back their purchases. Additionally, hot weather is another reason some do not walk to stores; instead, they head to the mall to walk for their exercise.

I do. I have a Bashas' that is two blocks away. I'll walk there sometimes just for the exercise. (Senior)

I walk for exercise, probably five miles a day, but I never walk to get anything. (Boomer)

I do a lot of walking for exercise. I take my two dogs walking around my neighborhood. I go about a mile total. (Senior)

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If you go to any mall at 7:30 in the morning, you will see a large group of seniors doing their half-mile walk inside the mall where it's cool. (Agency Representative)

It varies from community to community. I live in Surprise and I'm sure there are a lot of other areas where people get out and walk and it's not a big thing. There might be more urban areas in Phoenix where people are afraid to go outside. (Agency Representative)

I can't imagine walking to Fry's to get groceries and then having to walk all the way back carrying them. I've seen people doing that, though. I would probably take the cart with me and tell them I'm borrowing it. (Boomer)

It's very difficult for them, but I'm finding that if I don't make her get out and walk then her legs get very weak, but the day that I make her walk, the next day her legs are much stronger. It's just a short walk, though, maybe just to the end of the driveway. (Caregiver)

We live in a mobile home park where everything is on ground level and people are friendly and he loves it when we go for a walk and people can greet him. That's a big deal to him. (Caregiver)

C.   Planning for Existing Neighborhoods

If seniors were to walk more, especially to local retail stores, a number of planning issues could be addressed to help improve neighborhood conditions. **First, street issues should be addressed: wider, smoother sidewalks are needed for seniors, especially those in wheelchairs or electric carts, as well as benches for resting.** Better lighting along streets and sidewalks for evening hours is also needed. And for those few seniors who like to ride bikes, wider (and more) bike lanes would be appreciated. **Second, those who may need to take a bus would need sheltered stops with benches.** A mist system at bus stops for hot days was also suggested. Most importantly, though, would be frequent shuttles that come more regularly than do the current buses.

A few other suggestions mentioned to improve planning were:

➢ Ramps up to buildings.
➢ Longer lights at crosswalks.
➢ More strip malls so that retail is closer to homes.
➢ Increase population density.

I think we need more seats so people can sit down when they go for walks. Sometimes you have to walk a mile before you can find a seat in Phoenix.(Caregiver)

Lots of benches. (Agency Representative)

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Having crosswalks and allowing people more time to cross. They can't always walk quick enough when the light is green and I've seen some elders hesitate on big streets because they can't walk fast enough before the light turns red. (Agency Representative)

They should have a little bus that would come around to pick them up. I think our mobile home park needs a little bus to pick up individuals who need to go to the store. (Caregiver)

More courteous drivers. I think that might be a hard one to fix. I even saw a driver curse at a woman one time. That is disgraceful. (Senior)

I will keep driving as long as I can, but when I can't drive any longer, I would like to see extended hours for the bus system and more buses. They need the buses to be more direct to where you want to go so you don't have to transfer buses. (Senior)

I see elderly people in my neighborhood get off the bus to go to the store and they have to walk through a huge parking lot in order to get to the front door of the store. That's a dangerous place for an older person. I'm not sure how they could redesign that though. (Caregiver)

They could make better lighting. (Boomer)

I think they could probably save some money and instead of driving some of the bigger buses, they could use shuttle vans and have them come more often. (Boomer)

A bicycle lane for those who like to ride bikes. (Senior)

There was an article on television where there was a shopping center with houses built above them so that everybody could shop right there and there were elevators for them to use. It looked like a neat setup. It would be great for my daughter because she goes to the shopping mall five times a week. (Boomer)

Build vertically so that the houses aren't on big lots that cause the distance between houses and things wouldn't be as far to walk to. (Boomer)

IV. Driver Competency

A. Emotions and Attitudes of Seniors

To caregivers, **the term "older driver" brings to mind dangerous thoughts of seniors too disoriented or incapacitated to drive safely**. However, to Boomers it also brings to mind thoughts of Sun City residents who drive too slowly or who use golf carts to get around. From their remarks, it is obvious that Boomers do not consider themselves to be "older drivers." They easily recognize that there are many elderly people driving who are no longer capable, but do not like to entertain the thought of losing their own independence in the future—it is too "demoralizing." **Agency representatives and some caregivers indicated that giving up the independence of driving is one of the most difficult decisions an older adult has to make.**

> *Very dangerous. (Caregiver)*

> *"It's not going to happen to me" is what is in all of their heads. (Agency Representative)*

> *It's hard to transition any senior. (Agency Representative)*

> *It's a loss of power and independence. (Agency Representative)*

> *We had a very good friend of ours who is 91 now, but about 3 years ago she was still driving and everybody was terrified, and it ended when I was right behind her once and she made a left hand turn directly in front of a car coming from across the road. I just held my head, but she didn't crash because the person stopped. When I got to where she was, I told her she was not going to be driving anymore because she was going to kill somebody. She gave up driving right after that. (Caregiver)*

> *Sun City and the golf carts. (Boomer)*

> *Turn and get out of their way. (Boomer)*

B. Knowing When to Stop

When confronted with the idea of having to stop driving in their older years, Boomers say they will deal with it when it happens. Rather than make plans for taking themselves off the road, group members said they will simply "monitor" themselves and will make adjustments as necessary. Some seniors participating in the study say they have stopped driving on their own; on the whole though, most continue to drive because they have limited transit alternatives to which they can turn. Many appear to be counting on their own judgement and the judgement of their caregivers to let them know when to get off the road.

> *You would like to think you know when to stop driving. Maybe people think that when they are ready to stop driving, they will stop. (Boomer)*

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My reason was my stroke. I had to learn to read, write, walk, and talk all over again. (Senior)

My legs were too bad to drive anymore. (Senior)

Somebody will have to take me off the road. (Boomer)

They feel that they can still do what they used to do. (Caregiver)

My grandfather stopped driving after dark and that's the only thing we could get him to do. He thinks he is very competent to drive when the sun is out and thinks the curbs are in the way. (Caregiver)

When my judgment goes bad, then I'll stop without anyone telling me to. (Senior)

An accident or a near accident will sometimes start a transition. (Caregiver)

I have a lot of confidence in my driving, but I will know when to stop. (Senior)

C.   The Role of Family and Friends

Family members and friends of seniors who are no longer capable of driving safely find it very difficult to help their loved one make the transition away from driving. Although some are brave enough to discuss the matter and take away the driver's license, others would rather a "professional" do the "dirty work." Many acknowledge that other problems can occur even if they take the drivers license away, some seniors continue to drive anyway claiming they are the best judge of their capabilities. Most caregivers, therefore, feel that an authority figure should inform seniors when they should no longer drive. Doctors and the DMV are two suggested authority figures who might take on this role. Seniors themselves, though, would prefer their family be the ones to tell them; some are open to having their doctor tell them.

(moderator: So what do you think is the biggest challenge facing family and friends of older drivers?) Taking their license away. (Most agree) (Caregiver)

I would definitely listen to my children. If they said I couldn't drive anymore, then I wouldn't drive. (Senior)

For the motor vehicle department to stop them from renewing their license by telling them their eyesight is not good enough or something of that nature, so they can take the license away and that would be easier for an elderly person to accept rather than a relative having to take the license away. (Caregiver)

(moderator: Who won't they listen to?) Their own kids. (Most agree) (Caregiver)

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Most of the physicians are reluctant to tell their patients that it's time because they're afraid of losing the patient. (Agency Representative)

Even the caregivers or the children are reluctant to do this because they're afraid of the wrath they're going to get from the parent when telling them it's time to stop driving. Many times the adult children bring the parent to us for us to tell them to stop driving. (Agency Representative)

All the doctor has to do is write a letter to the DMV saying that person is not competent in driving and they will send a letter to that person telling him he needs to come into the DMV and take a test, and they don't even know the doctor has sent that. (Caregiver)

*I would listen to my doctor. (*A couple agree*) (Boomer)*

I would not want the government coming in to tell me I couldn't drive anymore. (Boomer)

*Deal with it when it comes. (*Many agree*) (Senior)*

D.   Periodic Assessments of Driving Skills

On the whole, group members felt that periodic assessments of the driving skills of seniors was appropriate. Assessing skills is a good way to ensure that these drivers are competent enough to be on the road, thereby protecting other drivers. When asked at what age such assessments should begin, age 70 was the most common answer, but there was a lot of animated discussion on the point. Some suggested starting at age 60 with an assessment every five years, and then do assessments on a yearly basis starting at age 70. A few group members disagreed with assessments saying that they would be considered "discriminatory". Others resisted testing based solely on age because drivers of all ages may have issues affecting their ability to drive safely.

*[Periodic assessment of driving is] a good idea. (*Most agree*) (Caregiver)*

It should be of a physical situation or a mental alertness situation and, of course, good eyesight and hearing because a lot of older folks get bad vision and hearing and don't like to admit it. They should have to test every year. (Boomer)

I think that's terrific. It should be done. (Senior)

It's necessary because it's scary driving around these older people. The things that I have seen some elderly do is astonishing and you wonder why they still have a license. (Agency Representative)

It seems like you start slipping or slowing down at age 75. (Senior)

Or they could have one of those simulators at the DMV for them to test on. (Boomer)

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I would say starting around the ages of 70 or 75. (Boomer)

I would say someone within the license bureau, but I think it should be someone of a medical status who has medical training. (Boomer)

Because there could be a competent 80-year-old and there could be a 60-year-old who is not competent. (Caregiver)

I would say age 70. (Many agree) (Caregiver)

I think on your 65ᵗʰ birthday they should start giving you a driving test and a written test. (Caregiver)

I think the DMV should have it set up so that when you go in to your physician, if your physician sees that you are beginning to slip, he would have the option of sending in a paper to the DMV so that they can assess it at some point in time. (Senior)

It's discrimination, though, because they have a fee that they charge and you would have to deal with paying this every year now. (Caregiver)

E.   Utilization of Transit and Delivery Services

While many of the seniors and caregivers indicated they have used the services of Dial-a-ride and Reserve-a-ride, use of delivery services appears to be less common. However, Dial-a-ride and Reserve-a-ride can be frustrating due to long waits. Many also have used senior center vans and vans from hospitals and/or doctor's offices with limited effectiveness. Awareness of grocery delivery through Bashas' was high, but several said that the service was too expensive. Delivery of medications through the mail or through Wal-Mart delivery is used more frequently than delivery of groceries.

Most HMO's have something where they will provide transportation to doctor's appointments and stuff like that, even if you are unable to ambulate. You usually have to call them 24 hours in advance. (Caregiver)

I use Dial-a-ride. They're convenient. (Senior)

I have Liberty Medical deliver all my medical supplies. (Caregiver)

Wal-Mart will even send them out for free if you order your prescriptions from them. (Caregiver)

I know there are services for some doctors that have their own van that picks up patients. It's a good thing my husband can still drive me around. If he couldn't, then I would have to drive. (Senior)

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I understand that Bashas' has a very good program delivering groceries to people, and it's quite reasonable for those who can't get out. (Senior)

I'm not familiar with a lot of these. Is there a charge for some of these or all of them? (Boomer)

V.   Education and Training

A.   Local Education and Training Programs

"55 Alive" is the most well known driver education program available for seniors. A few others mentioned the Bus Buddy program and public school driver education classes; otherwise, knowledge of local education and training programs specifically tailored for the older driver was non-existent. Caregivers brought up that there are classes related to home health care and senior diseases, but these were unrelated to driving.

If I had a need, I would get a schedule and ride the bus, but the information would be interesting for me to read because my dad is 86 and you just don't know how quickly they're going downhill. I would want to know just to help him out. (Boomer)

There is a program study of driving for insurance purposes called 55 Alive, and my insurance company says that if I go to that program every three years, they'll reduce my insurance a certain percentage. (Senior)

Our 55 Alive program is geared totally to try to assist seniors to drive as long as possible and what to look for in driving and how to be safer and not have crashes. (Agency Representative)

I think they have it in public schools where they have driving programs. I'm not sure if they still have that. (Senior)

Another idea is the bus buddy program where you involve teenagers or grade school kids with a senior and take them on a bus ride together to learn how to ride the bus to the mall or wherever, learn how to read a bus schedule which can be confusing, and those sorts of things. It's easier when someone walks you through these things instead of learning on your own. (Agency Representative)

I have taken a driver's education course or a refresher course in driving when I renewed my license many years ago, but I think that should be part of the situation when you go to renew your license when you get around age 60. That way they can see if you still know how to drive and if you can react to situations. (Senior)

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They have support groups you can attend if your family member is diagnosed with Alzheimer's or some other disease. (Caregiver)

B.   Informing Seniors

Television would be the most effective way to inform seniors about driver safety and alternative transportation options, participants say. Information given through local newscasts would be particularly effective. They do not limit it to television, however. Newspapers are also a good option because seniors are more likely to read than other age groups. Information could also be disseminated through doctor's offices, AARP, senior centers, and at grocery stores.

I think through the doctor because a lot of people who work and take care of their parents, like I do, don't have time to watch television, so I think the doctors should give this information to them. (Caregiver)

The AARP letter that comes out. (Senior)

Having information available at the doctor's office would be good. (Boomer)

I think they should get Howie off the TV and put a TV commercial before "Who Wants to be a Millionaire?" and that will let a lot of people know because a lot of people watch that show. (Boomer)

Maybe in the newspaper or a specific health magazine. Most older people read a lot and that's where they get a lot of their knowledge. (Caregiver)

I think the local cable TV station having information on that could work. The grocery stores, the library, gathering places where people go, senior centers, homeowner's associations, and there are so many ways. (Agency Representative)

I read the newspaper every day, so that would be a good way. (Senior)

I would highly recommend AARP because they're very good for seniors. They sent out a senior to our senior group on driving. The only thing I got out of it that I don't do is that when you drive, you should be able to see the tires on the car in front of you. It was a very good presentation that they gave. (Caregiver)

C.   Internet Usage

About half of the seniors say that they are on-line; Boomers are most likely to use the Internet on a regular basis. A majority of these participants have Internet access in their own homes. Others say that they can get on-line at their local library or senior center.

At home. (Caregiver)

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(moderator: How many of you use the Internet?) 4 respond *(Senior)*

I go to the library. (Caregiver)

I get a lot of information on the Internet on different things. (Senior)

The seniors would too because I have worked in senior citizen buildings and the amount of seniors using the Internet is unbelievable. (Caregiver)

(moderator: How many of you do have access to the Internet?) 7 or 8 respond. *(Boomer)*

D.   Senior Transportation Resource Center

There was strong agreement from group members that there does need to be a centralized senior transportation resource center in the Valley—a place where all of the various transportation organizations can coordinate their efforts to best serve the local population. Seattle's Gatekeeper Program was cited by one agency representative as an example of what Maricopa County cities might work to achieve. Seniors felt that in addition to a central office, a mobile unit that provided testing and information in individual communities would also be helpful.

They would need to have transportation available for grocery shopping, doctors, shopping malls, etc. (Senior)

The City of Seattle has a program that's called the Gatekeeper Program and it's been proposed by the area agency a number of times in our Valley and that's to train people, like trash collectors, police and water meter readers that are out in the community all the time, to identify isolated seniors so that we as agencies can make contacts with them. It's a hard concept to sell because, once you identify these seniors, you need to have the funding to be able to provide the services for them, so it's a catch-22 always. (Agency Representative)

Just having them answer questions and give out information that people may be concerned about would be helpful. (Senior)

Many of the people could pay to use this dispatch system, but if it could be available at an expensive rate for those who couldn't afford much, that would help. (Agency Representative)

It would make you more comfortable taking your driver's test there instead of other places. (Senior)

She talked about smaller vans so that there could be more of them on the road, which would be very practical. I think that's what should be addressed. I think they could get

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around easier this way, too. Part of the problem is not getting the senior to wherever they want to go quickly, so they don't bother trying. (Agency Representative)

Or a central building with a mobile unit that would go around with the same type of thing. (Senior)